05/13/2010 15:45

Image# 10990668887

### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 13 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/77

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Hospital Association PAC D " D 03 0 1 2010 0.3 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 2190847.18 January 1 (b) Cash on Hand at 2271236.21 Begining of Reporting Period ..... 122558.75 339893.45 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2393794.96 2530740.63 6(a) and 6(c) for Column B) ..... 147512.75 284458.42 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2246282.21 2246282.21 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

3 / 77 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

м м From:

D D 0 1

2 0 1 0

М М

<sup>D</sup> 3 1

<sup>Y</sup> 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	45028.49	64248.49
	(ii) Unitemized	11276.93	24232.35
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	56305.42	88480.84
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56305.42	88480.84
2.	Transfers From Affiliated/Other Party Committees	60000.00	243100.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	6000.00	7500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	253.33	812.61
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	122558.75	339893.45
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	122558.75	339893.45

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 77

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	9387.75	10040.92
	Expenditures(c) Total Operating Expenditures	3307.73	10040.32
	(add 21(a)(i), (a)(ii) and (b))	9387.75	10040.92
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	138125.00	274225.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Lasas Mada	0.00	0.00
	Loans Made  Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	192.50
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	147512.75	284458.42
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		2011=2-12
	from Line 31)	147512.75	284458.42

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 77

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	56305.42	88480.84
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	56305.42	88480.84
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9387.75	10040.92
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9387.75	10040.92

FE6AN026

oses, other than using the name at TTEE (In Full) tal Association PAC rst, Middle Initial) 4301 NW Valley Road  Si K contributing mittee.  General y)  Total Age Property Age	te Zip Code Tran  Amo  Ipation sident regate Year-to-Date  307.69  Date  M 0 3  Tran  Amo  Tran  Amo  Tran  Amo  Tran  Amo  Tran  Tran	e of Receipt  Saction ID: 18083227  Sunt of Each Receipt this Period  307.69
tal Association PAC  rst, Middle Initial)  4301 NW Valley Road  Si K  contributing mittee.  General  y)  Total Age P O Box 937	te Zip Code Tran  Amo  Ipation sident regate Year-to-Date  307.69  Date  M 0 3  Tran  Amo  Tran  Amo  Tran  Amo  Tran  Amo  Tran  Tran	3
4301 NW Valley Road  St K contributing mittee.  Ssociati-  General  y) ▼  Agg rst, Middle Initial) dez  P O Box 937  Si K	te Zip Code Tran  Amo  Ipation sident regate Year-to-Date  307.69  Date  M 0 3  Tran  Amo  Tran  Amo  Tran  Amo  Tran  Amo  Tran  Tran	3
Sociati-  General  Y)  O Box 937	te Zip Code Tran  Amo  Ipation sident regate Year-to-Date  307.69  Date  M 0 0  Tran  Tran  Amo  Tran  Amo  Tran  Amo  Tran	3 0 1 2 0 1 0 saction ID: 18083227 cunt of Each Receipt this Period 307.69  e of Receipt 3 0 1 2 0 1 0 2 0 1 0 307.69
Contributing mittee.  Ssociati-  General  Y)   Occ Pre  Agg  Agg  Fst, Middle Initial)  dez  P O Box 937	pation sident agate Year-to-Date ▼  307.69  Date  M 0 3  Tran	e of Receipt  M  D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
contributing mittee.  Cooperation of the present o	pation sident regate Year-to-Date ▼  307.69  Date  M 0 C  Tran	307.69  e of Receipt  3 0 1 2 0 1 0  saction ID: 18083229
General  y) ▼  Agg  rst, Middle Initial)  dez  P O Box 937  Si  K	Date  Zip Code  Trans	3 01 2010 saction ID: 18083229
General  y) ▼  rst, Middle Initial) dez  P O Box 937  Si K	Tegate Year-to-Date ▼  307.69  Date  M 0 0  Tran	3 01 2010 saction ID: 18083229
P O Box 937	te Zip Code Tran	3 01 2010 saction ID: 18083229
SI K	te Zip Code Tran	3 01 2010 saction ID: 18083229
K		
_	67950-0937 Amo	ount of Each Receipt this Period
contributing nmittee.		250.00
olth Cyct	pation of Executive Officer	
General Agg	regate Year-to-Date ▼ 250.00	
rst, Middle Initial)	Date	e of Receipt
2022 N. Red Oaks	M O S	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		saction ID: 18083247
_	67206-8909 Amo	ount of Each Receipt this Period
nmittee.		500.00
System	or Vice President	
Agg General	regate Year-to-Date ▼ 500.00	
y) <b>▼</b>		
	Contributing mittee.  System  Occu Seni  Aggr  General	Contributing mittee.  Occupation Senior Vice President  Aggregate Year-to-Date   General

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 77 (check only one)    X   11a
or for commercia	copied from such Reports and Si al purposes, other than using the OMMITTEE (In Full) Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Joseph M.	ast, First, Middle Initial) Krella, FACHE ass 15174 Amber Crest La	ne		Date of Receipt  0 3 0 3 2 0 1 0
City		State	Zip Code	Transaction ID: 18083868
<u>Draper</u>		UT	84020-5528	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		350.00
Ith Systems A	oloyer ospitals & Hea- A	Occupatio Presiden		
Receipt For: Primary Other (	/ General specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Mr. Paul Belch				Date of Receipt
Mailing Addre	Mailing Address Route 15 Box 241			03 03 2010
City		State	Zip Code	Transaction ID: 18086106
<u>Tallahasse</u>	e	FL	32311	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		1200.00
Name of Emp Florida Hosp ion	ployer ital Associat-		ice President	
Receipt For: Primary Other (	y General specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
Full Name (L Mr. William A.	ast, First, Middle Initial) Bell			Date of Receipt
Mailing Addre	ess 944 Gentian Court			03
City		State	Zip Code	Transaction ID: 18086107
<u>Tallahasse</u>	e	FL	32312-1228	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	С		1000.00
Name of Emp Florida Hosp ion	ployer ital Associat-	Occupatio General		
Receipt For: Primary Other (	General General   Specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
CURTOTAL -	Receipts This Page (optional)			2550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso ne name and address of any political committee to	n for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John R. Brownlow		Date of Receipt
Mailing Address 5608 Bear Lake Circl	e	03 / 03 / 4 2010
City Apopka	State Zip Code FL 32703-1916	Transaction ID: 18086110  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 32705 1010	250.00
Name of Employer Florida Hospital	Occupation Vice President and Chief Operating O	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. H. G. Carnathan, Jr.  Mailing Address 7445 Lake Blvd.		Date of Receipt
		03 03 2010
City <u>Spanish Fort</u>	State Zip Code AL 36527-9081	Transaction ID: 18086111  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30327 3001	250.00
Name of Employer Baptist Health Care Corpo- ration	Occupation Vice President Human Resources	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Ms. Martha DeCastro	<u> </u>	Date of Receipt
Mailing Address 1036 Alameda Drive		03 03 2010
City	State Zip Code	Transaction ID: 18086115
Tallahassee FEC ID number of contributing federal political committee.	FL 32317-9577	Amount of Each Receipt this Period  600.00
Name of Employer Florida Hospital Associat- ion	Occupation VP, Nursing	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ralph Glatfelter Mailing Address 7285 Heartland Circle City Tallahassee FEC ID number of contributing federal political committee.	State Zip Code FL 32312-7501	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Florida Hospital Associat- ion Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Vice President  Aggregate Year-to-Date   1800.00	
Full Name (Last, First, Middle Initial) Mr. Robert E. Gowing Mailing Address 2730 Belle Christiane	Cir.	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18086122
Pensacola	FL 32503-5888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baptist Health Care Corpo- ration	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Sherry Hartnett		Date of Receipt
Mailing Address 6240 Dunlieth Place		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18086135
Pensacola	FL 32504-7830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baptist Health Care Corpo- ration	Occupation Marketing Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	•

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Kathy Holzer		Date of Receipt
Mailing Address 306 East College Av		03 03 7 2010
City Tallahassee	State Zip Code FL 32301-1522	Transaction ID: 18086138  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer Florida Hospital Associat- ion	Occupation Vice President, Health Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Mr. John E. Mines		Date of Receipt
Mailing Address 1991 Killarney Drive		03 / 03 / 2010
City	State Zip Code	Transaction ID: 18086609
Winter Park  FEC ID number of contributing federal political committee.	FL 32789-3527	Amount of Each Receipt this Period  1001.00
Name of Employer Florida Hospital Associat- ion	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	
Full Name (Last, First, Middle Initial) Ms. Patsy W Myers		Date of Receipt
Mailing Address 3555 Maikai Drive		03 03 2010
City	State Zip Code FL 32526-2425	Transaction ID: 18086610
Pensacola  FEC ID number of contributing federal political committee.	FL 32526-2425	Amount of Each Receipt this Period 250.00
Name of Employer Baptist Hospital	Occupation Assistant Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1901.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Jerry Palmer  Mailing Address 307 Park Lake Circle	9	Date of Receipt  0 3
City Orlando	State         Zip Code           FL         32803-3923	Transaction ID: 18086612  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	545.00
Name of Employer Florida Hospital Association Receipt For:  Primary  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  545.00	
Full Name (Last, First, Middle Initial) Mr. John T. Porter Mailing Address 1053 Fleming Drive		Date of Receipt  0 3 0 3 2 0 1 0
City	State Zip Code	Transaction ID: 18086613
<u>Pensacola</u>	FL 32514-9752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baptist Health Care Corpo- ration Receipt For:	Occupation VP of Physician Services Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen		Date of Receipt
Mailing Address 405 El Destinado Dr	ive	03 03 7 2010
City	State Zip Code	Transaction ID: 18086617
Tallahassee	FL 32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Florida Hospital Associat- ion	Occupation VP for Strategic Communications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	)	1795.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/77 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Kathy A. Reep		Date of Receipt
Mailing Address 19 W. New Hampshire		03 / 03 / 2010
City Orlando	State Zip Code FL 32804-5911	Transaction ID: 18086618
FEC ID number of contributing federal political committee.	C 32804-3911	Amount of Each Receipt this Period 750.00
Name of Employer Florida Hospital Associat- ion - Orlando	Occupation Vice President, Financial Services	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben	I	Date of Receipt
Mailing Address 306 East College Ave	03 03 2010	
City	State Zip Code	Transaction ID: 18086619
Tallahassee	FL 32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Florida Hospital Associat- ion	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Ms. Daphne K. Scordato	1	Date of Receipt
Mailing Address 3637 Bagwell Rd.		03 03 2010
City	State Zip Code	Transaction ID: 18086620
Pace	FL 32571-8989	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baptist Hospital	Occupation Chief Nursing Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	1
Other (specify) ▼		
		2500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and Str for commercial purposes, other than using the	tatements may name and addr	not be sold or used by any perso less of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. David W. Sjoberg			Date of Receipt
	Mailing Address 8408 Chokecherry Tarr		7:n Codo	03 / 03 / 2010
	City <u>Pensacola</u>	State FL	Zip Code 32514	Transaction ID: 18086651  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Health Care Corpo- ration Receipt For:		dministrator	
	Primary General Other (specify) ▼	Aggregate V	Year-to-Date ▼ 250.00	]
	Full Name (Last, First, Middle Initial) Mr George Sprinkel			Date of Receipt
	Mailing Address 611 Poinciana Dr.			03 03 2010
	City	State	Zip Code	Transaction ID: 18086652
	Gulf Breeze	FL	32561-4615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Health Care Corpo- ration	Occupation Chief Fina	ncial Officer	
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ms. Kim Streit			Date of Receipt
	Mailing Address 1317 Eastin Avenue			03 03 2010
	City	State	Zip Code	Transaction ID: 18086654
	Orlando FEC ID number of contributing federal political committee.	C	32804-6309	Amount of Each Receipt this Period 750.00
	Name of Employer Florida Hospital Associat- ion - Orlando	Occupation VP, Health	n Research & Information	
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 750.00	
Γ				1250.00
!	SUBTOTAL of Receipts This Page (optional)		······	1250.00
-	<b>FOTAL</b> This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John Wilgis Mailing Address 307 Park Lake Circle  City Orlando  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital Association Receipt For: Primary General	State Zip Code FL 32803-3923  C  Occupation Director, Emergency Mgmt. Svcs. Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18086663  Amount of Each Receipt this Period  1200.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Harold D. Cleberg, TTEE  Mailing Address 2525 Main Suite 301	1200.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kansas City  FEC ID number of contributing federal political committee.	State         Zip Code           MO         64108-2627	Transaction ID: 18086732  Amount of Each Receipt this Period  1000.00
Name of Employer Saint Luke's Northland Ho- spital-Smithv Receipt For:  Primary General  Other (specify) ▼	Occupation Trustee  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Ms. Katherine Keene Mailing Address 3861 St. Andrew's Loo	p	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Salem FEC ID number of contributing	State Zip Code OR 97302-9498  C	Transaction ID: 18086735  Amount of Each Receipt this Period  350.00
federal political committee.  Name of Employer Salem Health	Occupation Board Chair	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		2550.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 77 (check only one)    X
<i>A</i>	r for commercial purposes, other than using th	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial)  Mr. Robert LeFever  Mailing Address 319 Green Valley Rd.		Date of Receipt
			03 04 2010
	City Langhorne	State Zip Code PA 19047-1128	Transaction ID: 18086737
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  350.00
	Name of Employer Temple University Health System	Occupation Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
- s.	Full Name (Last, First, Middle Initial) Ms. Barbara L. Wilson		Date of Receipt
	Mailing Address 190 East Bannock Str	03 04 2010	
	City	State Zip Code	Transaction ID: 18086741
	Boise	ID 83712-6241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer St. Luke's Health System	Occupation Trustee	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
. –	Full Name (Last, First, Middle Initial) Mr. Todd Krass	1	Date of Receipt
	Mailing Address 17065 South 71 High	way	03 04 2010
	City	State Zip Code	Transaction ID: 18086778
	Belton	MO 64012-4631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Research Belton Hospital	Occupation Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Г			1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 77 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Joanell M. Dyrstad  Mailing Address 910 West Sixth Street	et	Date of Receipt  0 3
City	State Zip Code	Transaction ID: 18088498
Red Wing  FEC ID number of contributing federal political committee.	MN 55066-2432	Amount of Each Receipt this Period 500.00
Name of Employer Fairview Red Wing Medical Center Receipt For:  Primary General Other (specify) ▼	Occupation Board Member  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Ms Mary T Kinneman, , R.N. Mailing Address 1781 Huntingdon Pla	ice	Date of Receipt  0 3 0 5 2 0 1 0
City	State Zip Code	Transaction ID: 18088517
Lansdale	PA 19446-5427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer IMA Consulting	Occupation Senior Consulting Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Kimberly McNally		Date of Receipt
Mailing Address 3300 Meridian Avenu	ue N.	03 / 05 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 18088519
Seattle FEC ID number of contributing federal political committee.	WA 98103-9150	Amount of Each Receipt this Period  1000.00
Name of Employer Harborview Medical Center	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form	Use separate sch for each category Detailed Summar	of the		
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American Hospital Association F	ng the name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial)  Ms. Patricia A. Warner, MPH  Mailing Address 1500 East Medic	al Center Drive	Date of Receipt		
City Ann Arbor	State Zip Code MI 48109-5000	0 3 0 5 2 0 1 0  Transaction ID: 18088551  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer University of Michigan Hospitals and H Receipt For:  Primary General  Other (specify) ▼	Occupation Assoc. Director and Admin Aggregate Year-to-Date	istrator 350.00		
Full Name (Last, First, Middle Initial) Mr. Gary S Horan, , FACHE Mailing Address 225 Williamson S	Street	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	·			
Elizabeth	NJ 07202-3625	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Trinitas Regional Medical Center Receipt For:  Primary  General Other (specify) ▼	Occupation President and Chief Execu Aggregate Year-to-Date	tive Officer		
Full Name (Last, First, Middle Initial) Mr. Stephen K. Jones		Date of Receipt		
Mailing Address 98 Providence Bo		03 / 05 / 2010		
City Kendall Park	State Zip Code NJ 08824	Transaction ID: 18088561		
FEC ID number of contributing federal political committee.	NJ 08824	Amount of Each Receipt this Period  1250.00		
Name of Employer Robert Wood Johnson Unive- rsity Hospita Receipt For:	Occupation President & CEO  Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼		250.00		
SUBTOTAL of Receipts This Page (option	nal)	2100.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph Reichman Mailing Address 26 Eastwich Drive  City Gibbsboro  FEC ID number of contributing federal political committee.  Name of Employer Meridian Health  Receipt For: Primary General Other (specify)	State Zip Code NJ 08026-1219  C  Occupation Chief Management Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y  O 3 2 0 1 0  Transaction ID: 18088573  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Ms. Amie Thornton  Mailing Address 214 Bertrand Drive  City Princeton  FEC ID number of contributing federal political committee.  Name of Employer Solaris Health System  Receipt For: Primary General Other (specify)	State Zip Code NJ 08540-2906  C Occupation Vice President Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3
Full Name (Last, First, Middle Initial) Dr. Joseph A Trunfio, , Ph.D.  Mailing Address 100 Madison Avenue  City  Morristown  FEC ID number of contributing federal political committee.  Name of Employer Morristown Memorial Hospital Receipt For:  Primary General Other (specify)	State Zip Code NJ 07960-6136  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 / D D / 2 0 1 0  Transaction ID: 18088579  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	·····	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Robert P Wise, , FACHE		Date of Receipt
Mailing Address 2100 Wescott Drive  City	State Zip Code	0 3 0 5 2 0 1 0 Transaction ID: 18088581
Flemington	NJ 08822-4603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hunterdon Medical Center	Occupation President and Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Nancy A. Crawford		Date of Receipt
Mailing Address 1616 Lobdell Avenue		03 12 2010
City	State Zip Code	Transaction ID: 18103943
Baton Rouge	LA 70806-8246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Woman's Hospital	Occupation Senior Vice President	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia	<u> </u>	Date of Receipt
Mailing Address 100 Fort Sanders Wes	t Blvd	03 12 2010
City	State Zip Code	Transaction ID: 18103957
Knoxville	TN 37922-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Covenant Health	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number		

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 77 (check only one)    X
or for commercia	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) Hospital Association PAC	atements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Cheryl L. A.  Mailing Addre  City  Dayton  FEC ID numbred federal politic  Name of Empreciation Medical Receipt For:  Primary	oloyer nildren's Hos-		Zip Code 45420-1503  n ice President, Patient Care Se Year-to-Date  1000.00	Date of Receipt    M M
Ms. Kathleen  Mailing Addre  City  Denver  FEC ID number  federal politic  Name of Emp Catholic Heales  Receipt For:  Primary	oloyer Ith Initiativ-		Zip Code 80238-2421	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ms. Brenda G  Mailing Addre  City  Charlotte  FEC ID number federal politic  Name of Empany The Greeley  Receipt For:  Primary	per of contributing all committee.		Zip Code 28205-7981  n onsultant e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 1 2 2 0 1 0  Transaction ID: 18104003  Amount of Each Receipt this Period  500.00
SUBTOTAL of	Receipts This Page (optional)			2500.00

City Saint Cloud MN 56303-1901  FEC ID number of contributing federal political committee.  Name of Employer St. Cloud Hospital Primary General Other (specify) ▼  City New Prague  FEC ID number of contributing federal political committee.  City New Prague  Name of Employer State Zip Code MN 56071-1709  FEC ID number of contributing federal political committee.  City New Prague  Name of Employer Other (specify) ▼  City State Zip Code MN 56071-1709  FEC ID number of contributing federal political committee.  City Receipt For: Primary General Occupation Chief Executive Officer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Keith Okeson  Mailing Address 715 Delmore Avenue  City State Zip Code And Transaction ID: 18107671  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 18107677  Amount of Each Receipt  Date of Receipt  Transaction ID: 18107677  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Mailing Address 1406 Sixth Avenue North  City State Zip Code Saint Cloud MN 56303-1901  FEC ID number of contributing federal political committee.  C   Saint Cloud Hospital   Scool Hospital	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Receipt For:	Mr. Craig J Broman  Mailing Address 1406 Sixth Avenue No  City  Saint Cloud  FEC ID number of contributing federal political committee.	State Zip Code MN 56303-1901  C Occupation	03 / 15 / 2010
Ms. Mary J Klimp  Mailing Address 301 Second Street NE  City State Zip Code MN 56071-1709  FEC ID number of contributing federal political committee.  Name of Employer Queen of Peace Hospital  Receipt For: Primary General Other (specify) ▼  City State Zip Code MN 56071-1709  Cocupation Chief Executive Officer  Receipt For: Primary General Other (specify) ▼  City State Zip Code Min 56751-1534  Date of Receipt  Transaction ID: 18107671  Amount of Each Receipt this Period  250.00  Date of Receipt  Transaction ID: 18107671  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt  Date of Receipt  Transaction ID: 18107677  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: 18107677  Amount of Each Receipt this Period  Cocupation President and CEO  Receipt For: Primary General  Aggregate Year-to-Date ▼	Receipt For:  Primary General	Aggregate Year-to-Date ▼ 500.00	
New Prague  MN 56071-1709  Amount of Each Receipt this Period  EEC ID number of contributing federal political committee.  C 250.0  Name of Employer Queen of Peace Hospital  Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) Mr. Keith Okeson  Mailing Address 715 Delmore Avenue  C 350.00  Date of Receipt  MN 56751-1534  FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  Receipt For: Primary General  Occupation President and CEO  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  250.00	Ms. Mary J Klimp		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Queen of Peace Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Keith Okeson  Mailing Address 715 Delmore Avenue  Figure State Zip Code MN 56751-1534  FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  Receipt For: Primary General  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 18107677  Amount of Each Receipt this Period  250.00	•	·	
Receipt For:    Primary   General   Aggregate Year-to-Date ▼	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Mr. Keith Okeson  Mailing Address 715 Delmore Avenue  City Roseau  FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  Receipt For: Primary  General  250.00  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Name of Employer Queen of Peace Hospital	•	
Mr. Keith Okeson  Mailing Address 715 Delmore Avenue  City State Zip Code Roseau MN 56751-1534  FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  Receipt For: Primary General  Date of Receipt  M M M D D D D D D D D D D D D D D D D	Primary General		
Mailing Address 715 Delmore Avenue  City State Zip Code Roseau MN 56751-1534  FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  Receipt For: Primary General  President and CEO  Aggregate Year-to-Date ▼	, , ,		Date of Receipt
City State Zip Code MN 56751-1534  FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  President and CEO  Aggregate Year-to-Date ▼  Transaction ID: 18107677  Amount of Each Receipt this Period  250.0	-		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer LifeCare Medical Center  Receipt For: Primary General  250.00	City	'	
federal political committee.  Name of Employer LifeCare Medical Center  Receipt For:  Primary  General  Occupation President and CEO  Aggregate Year-to-Date  250.00		MN 56751-1534	Amount of Each Receipt this Period
LifeCare Medical Center  President and CEO  Receipt For:  Primary  General  Aggregate Year-to-Date ▼		C	250.00
Primary General 350.00	Name of Employer LifeCare Medical Center	·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 22///   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PA	<u> </u>	areas of any political committee to	y donor, contributions from duon committees.
Full Name (Last, First, Middle Initial) Mr. Steve Perkins			Date of Receipt
Mailing Address 212 Cashin Drive			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Luverne	State MN	Zip Code 56156-1059	Transaction ID: 18107678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30130-1039	500.00
Name of Employer Sanford Hospital Luverne	Occupation Board Ch		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Terri Kane			Date of Receipt
Mailing Address 1789 Wide River Drive			03 15 2010
City Saint George	State UT	Zip Code 84790-4425	Transaction ID: 18107692
FEC ID number of contributing federal political committee.	C	04/90-4423	Amount of Each Receipt this Period 500.00
Name of Employer Dixie Regional Medical Ce-	Occupation Administ		7
nter Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr Monte Akridge			Date of Receipt
Mailing Address 3300 NW Expressy	vay		03 15 2010
City Oklahoma City	State	Zip Code 73112-4418	Transaction ID: 18108129
FEC ID number of contributing federal political committee.	OK OK	73112-4410	Amount of Each Receipt this Period  250.00
Name of Employer Integris Baptist Medical Center	Occupation Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	<u> </u>		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	I Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Al Allee Mailing Address 319 East Josephine  City Frederick  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital and Physician Group Receipt For:	State Zip Code OK 73542-2220  C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 15 2010  Transaction ID: 18108130  Amount of Each Receipt this Period  500.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr Gene L Downing	500.00	Date of Receipt
Mailing Address 4401 South Western  City  Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer Integris Southwest Medical Center  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code OK 73109-3413  C  Occupation Board Member  Aggregate Year-to-Date   250.00	Transaction ID: 18108133  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Mark Finley Mailing Address 65 Sequoyah Street  City Shawnee  FEC ID number of contributing federal political committee.  Name of Employer Unity Health Center  Receipt For: Primary General Other (specify)	State Zip Code OK 74801-5563  C  Occupation Board Member  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18108140  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or use ne name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Jane McDowell Mailing Address P O Box 90		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waurika  FEC ID number of contributing federal political committee.	State Zip Code OK 73573-0090	Transaction ID: 18108143  Amount of Each Receipt this Period  500.00
Name of Employer Jefferson County Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller Mailing Address P O Box 2408		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stillwater	State Zip Code OK 74076-2408	Transaction ID: 18108144
FEC ID number of contributing federal political committee.	C 740/0-2408	Amount of Each Receipt this Period  500.00
Name of Employer Stillwater Medical Center	Occupation President and Chief Exec	cutive Officer
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Ms. Karen Reynolds	1	Date of Receipt
Mailing Address P O Box 827		03 / 15 / 2010
City Madill	State Zip Code OK 73446-0827	Transaction ID: 18108145  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 73440 0027	250.00
Name of Employer Integris Marshall County Medical Cente Receipt For:	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David D Whitaker, , FACHE Mailing Address P O Box 1308  City Norman  FEC ID number of contributing federal political committee.  Name of Employer Norman Regional Health System Receipt For: Primary General Other (specify)	State Zip Code OK 73070-1308  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3
Full Name (Last, First, Middle Initial) Mr. Stephen R. Griffin  Mailing Address 600 Wood Pond Road  City Cheshire  FEC ID number of contributing federal political committee.  Name of Employer Saint Mary's Hospital  Receipt For: Primary General Other (specify)	State Zip Code CT 06410-4341  C  Occupation Trustee  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18108175  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Joseph Reichman  Mailing Address 26 Eastwich Drive  City Gibbsboro  FEC ID number of contributing federal political committee.  Name of Employer Meridian Health  Receipt For: Primary General Other (specify)	State Zip Code NJ 08026-1219  C  Occupation Chief Management Officer  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 18109265  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael J. Sniffen  Mailing Address 47 Murray Hill Square  City New Providence  FEC ID number of contributing federal political committee.  Name of Employer St. Mary's Hospital  Receipt For: Primary General Other (specify)	State Zip Code NJ 07974-1531  C  Occupation President & CEO  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 1 9 2 0 1 0  Transaction ID: 18109269  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr., JD  Mailing Address P O Box 1367  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer Clarian Health Partners  Receipt For: Primary General Other (specify)	State Zip Code IN 46206-1367  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date	Date of Receipt  M M M / D D M 2 0 1 0  Transaction ID: 18113099  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Mr. William Binder  Mailing Address 9050 Airline Highway Suite 500  City  Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer Woman's Hospital  Receipt For: Primary General Other (specify)	State Zip Code LA 70815-4103  C  Occupation Chair  Aggregate Year-to-Date  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: 18113100  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Tania Daniels  Mailing Address 2550 University Av	renue W.	Date of Receipt
City Saint Paul	State Zip Code MN 55114-1052	Transaction ID: 18113101  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Minnesota Hospital Association Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President, Patient Safety  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron Mailing Address 28 Waterford Place	e	Date of Receipt  0 3 1 8 2 0 1 0
City	State Zip Code	Transaction ID: 18113124
Jackson  FEC ID number of contributing federal political committee.	MS 39211-2945	Amount of Each Receipt this Period 507.50
Name of Employer Mississippi Hospital Asso- ciation	Occupation President & Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 507.50	
Full Name (Last, First, Middle Initial) Ms. Cathy D Amato		Date of Receipt
Mailing Address 1998 Shadeview C	t.	03 22 2010
City	State Zip Code	Transaction ID: 18113142
Dublin  FEC ID number of contributing federal political committee.	OH 43016-9584	Amount of Each Receipt this Period  250.00
Name of Employer Columbus Chamber of Comme- rce	Occupation Member Relations Manager	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Possints This Poss (entire	al)	1007.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 28///   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		areas or any pointed committee to	
Full Name (Last, First, Middle Initial) Mr. Bryan D. Hehemann			Date of Receipt
Mailing Address 25 Hunter Woods D	r		03 22 7 2010
City Oxford	State OH	Zip Code 45056-9040	Transaction ID: 18113146  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer McCullough-Hyde Memorial Hospital	Occupation Presiden	n t and CEO	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt
Mailing Address 2743 Elginfield Road	d		03 22 2010
City	State OH	Zip Code	Transaction ID: 18113173
Upper Arlington  FEC ID number of contributing federal political committee.	C	43220-4247	Amount of Each Receipt this Period 125.00
Name of Employer Ohio Hospital Association	Occupation Senior V	n ice President	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James R. Castle			Date of Receipt
Mailing Address 815 Gatehouse Lane	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18113177
Columbus  FEC ID number of contributing federal political committee.	OH C	43235-1733	Amount of Each Receipt this Period 500.00
Name of Employer Ohio Hospital Association	Occupation Presiden	n t & Chief Executive Officer	
Receipt For:  Primary  General  Other (specify) ▼	_, -	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Mr. Fred M DeGrandis		Date of Receipt
Mailing Address 18101 Lorain Avenue	State Zip Code	03 22 2010
City Cleveland	OH 44111-5612	Transaction ID: 18113190  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Fairview Hospital	Occupation Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Raymond M Chorey		Date of Receipt
Mailing Address P O Box 610		03 / 22 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18113196
Cambridge	OH 43725-0610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Southeastern Ohio Regional Medical Cen	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Patricia Conway-Morana		Date of Receipt
Mailing Address 3300 Gallows Road		03 24 2010
City	State Zip Code	Transaction ID: 18115732
Falls Church	VA 22042-3307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Inova Fairfax Hospital	Occupation Chief Nurse Executive	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 425.00	
Cutor (Specify) 🔻		
SUBTOTAL of Receipts This Page (optional)	<b></b>	825.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 77 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may name and add	not be sold or used by any persordress of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Mary Neff			Date of Receipt
Mailing Address 6483 W. 14 Road			03 24 2010
City	State	Zip Code	Transaction ID: 18115734
Mesick	MI	49668-9583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Mercy Hospital Cadillac	Occupation Patient C	n Care Executive	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas L. Bell			Date of Receipt
Mailing Address 4301 NW Valley Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18122387
Topeka	KS	66618-3445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		307.49
Name of Employer Kansas Hospital Associati- on	Occupation Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 615.18	
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky			Date of Receipt
Mailing Address 14607 W 89			03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18122389
<u>Lenexa</u>	KS	66215-2967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		129.81
Name of Employer Kansas Hospital Associati- on	Occupation Senior Vi	n ice President	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 271.19	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	······	787.30

TOTAL This Period (last page this line number only) .....

Any information copied from such Reports and St		13 14 15 16 17
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer  Mailing Address 325 Maine Street  City  Lawrence  FEC ID number of contributing federal political committee.  Name of Employer Lawrence Memorial Hospital  Receipt For:  Primary General Other (specify)	State Zip Code KS 66044-1360  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 3 / 3 0 / 2 0 1 0  Transaction ID: 18122392  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Michael J Ryan  Mailing Address 701 South Main Street  City Hillsboro  FEC ID number of contributing federal political committee.  Name of Employer Hillsboro Community Hospital  Receipt For: Primary General Other (specify)	State Zip Code KS 67063-1553  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18122394  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Ms. Maureen Swick, RN, PHD, N  Mailing Address 8110 Gatehouse Road Suite 200E  City Falls Church  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For: Primary General Other (specify)	State Zip Code VA 22042-1210  C  Occupation Vice President, Chief Nursing Officer Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Carol Bradley		Date of Receipt
Mailing Address 1919 NW Lovejoy	State 7in Code	03 31 2010
City Portland	State Zip Code OR 97209-1503	Transaction ID: 18123441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Legacy Health System	Occupation Sr. VP/CNO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Dennis J Phillips	<u></u>	Date of Receipt
Mailing Address 4310 - 4th Street Circle	e NW	03 31 2010
City	State Zip Code	Transaction ID: 18124299
Hickory	NC 28601-9021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolinas Medical Center	Occupation Executive Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John W O'Connell		Date of Receipt
Mailing Address 6832 Convent Bouleva	ırd	03
City	State Zip Code	Transaction ID: 18180381
Sylvania  FEC ID number of contributing federal political committee.	OH 43560-4805	Amount of Each Receipt this Period 350.00
Name of Employer Franciscan Services Corpo- ration	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1350.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 77 (check only one)    X
,	Any information copied from such Reports and Star for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \.	Full Name (Last, First, Middle Initial)  Ms. Pamela T. Rudisill  Mailing Address 17225 Royal Court Dr.			Date of Receipt
	City Davidson	State NC	Zip Code 28036-7843	Transaction ID: 18180385  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lake Norman Regional Medi- cal Center Receipt For:  Primary General  Other (specify) ▼		n e Executive Director e Year-to-Date ▼ 1000.00	
s. –	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton  Mailing Address 325 Seventh Street, NW	V		Date of Receipt
	Suite 700	State	Zip Code	0 3 3 1 2 0 1 0 Transaction ID: PR1045726223520
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General		ice President & General Cou e Year-to-Date ▼	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		240.00	Weekly)
	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield			Date of Receipt
	Mailing Address One North Franklin Stre Suite 32139			03 31 2010
	City Chicago	State IL	Zip Code 60606	Transaction ID: PR1302378923520
	FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago		ice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			1160.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page  Reports and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 34 / 77  (check only one)    X
or for commercial purposes, other of NAME OF COMMITTEE (In Fu American Hospital Associations)	han using the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle In Ms. Linda Fishman	<u> </u>	Date of Receipt
Mailing Address 325 Seven Suite 700	th Street, NW	03 31 2010
City	State Zip Code	Transaction ID: PR327629123520
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Vice President, Public Policy	
Primary Genera Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle In Ms. Debbie F. Weiner	·	Date of Receipt
Mailing Address 11004 Peter	ersborough Drive	03 31 YYYY 2010
City	State Zip Code	Transaction ID: PR327745923520
Rockville	MD 20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle In Ms. Debra J. Stock	itial)	Date of Receipt
Mailing Address 1022 S. Ha	rvey Avenue	03 / 31 / 2010
City	State Zip Code	Transaction ID: PR327777823520
Oak Park  FEC ID number of contributing federal political committee.	IL 60304-2132	Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
Receipt For:  Primary Genera  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
SUPTOTAL of Possints This Pos	e (optional)	240.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 77 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700		03 / 31 / 2010
City	State Zip Code	Transaction ID: PR327812023520
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa-	Occupation Chief Executive Officer, AONE & Sr.	Vi
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$40.00 Bi-
Other (specify) ▼	240.00	Weekly)
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: PR327858023520
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
Mailing Address One North Franklin		0 3 3 1 2 0 1 0
City	State Zip Code	Transaction ID: PR327877823520
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi- Weekly)
		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any person and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		03 / 31 / 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR328132823520  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
- i.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 7th Ave		03 31 YYYY 2010
	City	State Zip Code	Transaction ID: PR328136923520
	La Grange  FEC ID number of contributing federal political committee.	IL 60525-6406	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Relations	_
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		03 31 YYYY 2010
	City	State Zip Code	Transaction ID: PR328223823520
	Chicago FEC ID number of contributing federal political committee.	IL 60640-1318	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 77 (check only one)    X
0	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. ∠	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 3475 North Venice Str	reet		03 / 31 / 2010
	City Arlington	State VA	Zip Code 22207-4446	Transaction ID: PR328260923520  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22201-4440	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	03 / 31 / 2010		
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR328341823520
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot	t
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			03 31 2010
	City	State	Zip Code	Transaction ID: PR328511823520
	Yardley FEC ID number of contributing federal political committee.	C	19067-5736	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av		03 31 2010
	City Chicago	State Zip Code IL 60606	Transaction ID: PR328913323520  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Inc.	- &
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD		Date of Receipt
	Mailing Address One North Franklin		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: PR329071323520
	Chicago  FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer, C	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
	Mailing Address 500 Interstate Bouleva	ard South	03 31 2010
	City	State Zip Code	Transaction ID: PR329215723520
	Nashville FEC ID number of contributing federal political committee.	TN 37210-4634	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 77 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
	Mailing Address 4960 138th Cricle We		03 / 31 / 2010
	City Apple Valley	State Zip Code MN 55124-9229	Transaction ID: PR330475423520
	FEC ID number of contributing federal political committee.	MN 55124-9229	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		03 31 2010
	City	State Zip Code	Transaction ID: PR330549223520
	Lake Forest	IL 60045-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituency Section	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		03 / 31 / 2010
	City	State Zip Code	Transaction ID: PR331416023520
	Austin FEC ID number of contributing federal political committee.	TX 78761-5587	Amount of Each Receipt this Period 120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$60.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		280.00

ITEMIZE	ULE A (FEC Form 3X) ED RECEIPTS tion copied from such Benorts and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 77  (check only one)    X
or for commo	ercial purposes, other than using the FCOMMITTEE (In Full) an Hospital Association PAC	name and add	dress of any political committee to	solicit contributions from such committee.
Full Nam Mr. Donal Mailing A				Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Falls Ch	hurch	State VA	Zip Code 22046-2613	Transaction ID: PR331533223520 Amount of Each Receipt this Period
	number of contributing olitical committee.	С		80.00
tion-Was Receipt F Prii			n sident, Policy e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)
B. Ms. Elizab	e (Last, First, Middle Initial) beth Summy ddress One North Franklin			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR346168123520
	oumber of contributing olitical committee.	C	60606-3436	Amount of Each Receipt this Period  80.00
Americar tion-Chic Receipt F Prii		-	n sident, PMG e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Nam Ms. Kristin Mailing A	ddress 325 Seventh Street, NV	V		Date of Receipt
City	Suite 700	State	Zip Code	0 3 3 1 2 0 1 0 Transaction ID: PR517619723520
<u>Washin</u>	gton	DC	20004-2818	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		80.00
tion-Was Receipt F Prii			n sident Executive Branch Rela e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL	L of Receipts This Page (optional)		·····	240.00
TOTAL Th	is Period (last page this line number o	only)	<b>&gt;</b>	45028.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 77 (check only one)  11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PA Mailing Address One Empire Drive  City Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12144  C C00160259  Occupation  Aggregate Year-to-Date  103500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18093698  Amount of Each Receipt this Period  30000.00
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code CA 95814  C C00237495  Occupation  Aggregate Year-to-Date ▼  60000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18104513  Amount of Each Receipt this Period  20000.00
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Feder Mailing Address Post Office Box 8600  City Harrisburg FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600  C C00128082  Occupation  Aggregate Year-to-Date  20000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3
SUBTOTAL of Receipts This Page (optional)		60000.00
TOTAL This Period (last page this line number	only)	60000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 77 (check only one)  11a 11b 11c 12 13 14 15 X 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Boucher For Congress Committee		Date of Receipt
Mailing Address PO Box 2000		03 16 2010
City	State Zip Code	Transaction ID: 18108216
Abingdon	VA 24212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00178418	1000.00
Name of Employer	Occupation	
Receipt For: 2010	Aggregate Year-to-Date ▼	
X Primary General Other (specify) ▼	1000.00	Refund of Contribution
Full Name (Last, First, Middle Initial)		
Friends Of Chris Dodd		Date of Receipt
Mailing Address PO Box 270701		03 / 22 / 2010
City	State Zip Code	Transaction ID: 18113218
West Hartford	CT 06127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00347310	1000.00
Name of Employer	Occupation	
Receipt For: 2010	Aggregate Year-to-Date ▼	
Primary X General		Refund of Contribution
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Evan Bayh Committee		Date of Receipt
Mailing Address 850 Fort Wayne Aver		03 / 22 / 2010
City	State Zip Code	Transaction ID: 18113220
Indianapolis	IN 46204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00306860	1000.00
Name of Employer	Occupation	
Receipt For: 2010	Aggregate Year-to-Date ▼	
Primary X General		Refund of Contribution
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 77 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  McNerney For Congress  Mailing Address 6520 Village Parkway Second Floor		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dublin	State Zip Code CA 94568	Transaction ID: 18113270
Dublin  FEC ID number of contributing federal political committee.  Name of Employer	C C00398644  Occupation	Amount of Each Receipt this Period  3000.00
Receipt For: 2010  X Primary General  Other (specify)	Aggregate Year-to-Date ▼  3000.00	Refund of Contribution

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	3000.00
TOTAL This Period (last page this line number only)	<b>•</b>	6000.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 44 / 77					
			Use separate schedule(s) for each category of the	(check only one)					
11	ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17					
	ny information copied from such Reports and Sta for commercial purposes, other than using the r								
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)								
$\rangle$	American Hospital Association PAC								
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt					
	Mailing Address 1400 G Street, NW			03 / 31 / 2010					
	City	State	Zip Code	Transaction ID: 18175038					
	Washington	DC	20005	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		253.33					
	Name of Employer	Occupation	n						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 812.61	Interest Earned					

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	253.33
TOTAL This Period (last page this line number only)	<u> </u>	253.33

## SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIII 3X)		'   Use sepa	Use separate schedule(s) (check			IE NUMBER: PAGE 45 / 77 nly one)			
ITEMIZED DI	SBURSEMENT	for each of Detailed S	category of the Summary Page	X	21b 🔲 2	´ —	24 28c	25 29	20
	ed from such Reports a rposes, other than using								
NAME OF COM American Hos	MITTEE (In Full) pital Association PA	AC							
Full Name (Last, Citibank, F.S.I Mailing Address					D	ransaction I ate of Disbu		1206 Y 2 0 1 0	n <sup>Y</sup>
	1400 G Street, N								
City <b>Was</b> hington		State DC	Zip Code 20005		A	mount of Ea	ch Disburs	ement this	Period
Purpose of Disbu Federal Taxes Candidate Name				001 Catego	-			1114.00	0
Office Sought:	House Senate President District:	Disbursement For: Primary Other (spe	General ccify) ▼	Type		ederal Taxe	es		
Full Name (Last, Lake Research	First, Middle Initial) n Partners				D	ransaction I ate of Disbu	rsement		V
Mailing Address	1726 M Street N Suite 500	IW				֖֓֞֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֓֟֟֟ ֓	24	žoj	0 '
City Washington		State DC	Zip Code 20003-6		A	mount of Ea	ch Disburs		
Purpose of Disbu Polling Services Candidate Name				005 Catego	ry/			13000.00	Ų.
Office Sought:	House Senate President District:	Disbursement For: Primary Other (spe	General ♥	Туре		olling Servi	ces		
Full Name (Last, Paymentech	First, Middle Initial)				D	ansaction I	rsement		
Mailing Address	14221 Dallas Pa Building Two	arkway				03 /	04	žoj	0 <sup>Y</sup>
City Dallas	<u> </u>	State TX	Zip Code 75254		A	mount of Ea	ch Disburs	ement this	Period
Purpose of Disbu Merchant Fees Candidate Name				001 Catego				31.10	0
Office Sought:	House Senate President District:	Disbursement For: Primary Other (spe	General ecify) ▼	Type		erchant Fe	es		
<u> </u>	J.55ti								

A.

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Transaction ID: 18175041 Date of Disbursement
Mailing Address 1400 G Street, NW			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 1 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 1 & 0 \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees		001	29.45
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		Bank Fees
State: District:			
Full Name (Last, First, Middle Initial) Lake Research Partners			Transaction ID: 18175104 Date of Disbursement
Mailing Address 1726 M Street NW Suite 500			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	State Zip Code DC 20003-6		Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind McNerney (CA-11). See line 23.		011	-4875.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		In-Kind McNerney (CA-11). See line 23.

SUBTOTAL of Disbursements This Page (optional)	•	-4845.55
CODITION OF PRODUCTION OF THE PAGE (OPERATE)		
TOTAL This Period (last page this line number only)	•	9299.55

State:

IT	CHEDULE B (FEC FOIII 3X)		rate schedule(s)		(check of	IE NUMBER: PAGE 47 / 77
_	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam					
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
<u>v                                    </u>	Full Name (Last, First, Middle Initial) Alamo PAC					Transaction ID: 18091208 Date of Disbursement
	Mailing Address 919 Congress Ave. Suite 1400					$\begin{array}{c c} & & \\ & & \\ \end{array}$
	City Austin	State TX	Zip Code 78701			Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution				011	1500.00
	Candidate Name Alamo PAC				ategory/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼			2010 Contribution
	Full Name (Last, First, Middle Initial) MACPAC (Missourians for Accountability	& Change)				Transaction ID: 18091222 Date of Disbursement
	Mailing Address 607 - 14th Street, NW Suite 800					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State DC	Zip Code 20005			Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution				011	2500.00
	Candidate Name MACPAC (Missourians for Accountability				ategory/ Type	
	Office Sought: House Disburs Senate	ement For: Primary	General			2010 Contribution
	President State: District:	Other (spe	cify) $\blacktriangledown$			
			cify)			Transaction ID: 18091238 Date of Disbursement
	State: District: Full Name (Last, First, Middle Initial)		cify) ▼			
	State: District: Full Name (Last, First, Middle Initial) Defend America PAC		Zip Code 35403			Date of Disbursement  May May / Do D / Y 2 0 1 0  Amount of Each Disbursement this Period
	State: District: Full Name (Last, First, Middle Initial) Defend America PAC  Mailing Address PO Box 2626  City	Other (spec	Zip Code	Ca	011 ategory/	Date of Disbursement  O 3
	State: District:  Full Name (Last, First, Middle Initial)  Defend America PAC  Mailing Address PO Box 2626  City Tuscaloosa  Purpose of Disbursement 2010 Contribution  Candidate Name	Other (spec	Zip Code 35403	Ca		Date of Disbursement  May May / Do D / Y Y Y O Y O Y  Amount of Each Disbursement this Perior

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	_	E NUMBER: PAGE 48 / 77
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on 21b 27	22   X 23   24   25   28a   28b   28c   29
	Information copied from such Reports and Stor commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<b>/</b>	Full Name (Last, First, Middle Initial) Green Mountain PAC				Transaction ID: 18091252 Date of Disbursement
	Mailing Address PO Box 1142				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Montpelier	State VT	Zip Code 05601		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Contribution			011	1000.00
	Candidate Name Green Mountain PAC  Office Sought: House Disk	oursement For:		Category/ Type	
	Senate President State: District:	Primary Other (spe	General ecify) ▼		2010 Contribution
	Full Name (Last, First, Middle Initial) ERIC PAC-Every Republican is Crucia	I PAC			Transaction ID: 18091254 Date of Disbursement
	Mailing Address 209 Pennsylvania Av	enue SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution			011	1500.00
	Candidate Name ERIC PAC-Every Republican is Crucia	I PAC		Category/ Type	
					0010 Contribution
		oursement For: Primary Other (spe	General ecify) ▼		2010 Contribution
	Office Sought: House Disk Senate President	Primary Other (spe	ecify)		Transaction ID: 18091255 Date of Disbursement
	Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)	Primary Other (spe	ecify)		Transaction ID: 18091255
	Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Committee for the Preservation of Cap	Primary Other (spe	ecify)		Transaction ID: 18091255 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) Committee for the Preservation of Cap Mailing Address P.O. Box 65314  City Washington Purpose of Disbursement 2010 Contribution	Primary Other (specification) italism (CPC) State	ecify)	011	Transaction ID: 18091255 Date of Disbursement
	Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) Committee for the Preservation of Cap Mailing Address P.O. Box 65314  City Washington Purpose of Disbursement 2010 Contribution Candidate Name Committee for the Preservation of Cap	Primary Other (specialism (CPC)  State DC  italism (CPC)	ecify) ▼  Zip Code 22036	011 Category/ Type	Transaction ID: 18091255 Date of Disbursement  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) Committee for the Preservation of Cap Mailing Address P.O. Box 65314  City Washington Purpose of Disbursement 2010 Contribution Candidate Name Committee for the Preservation of Cap	Primary Other (specialism (CPC)	ecify)   Zip Code 22036	Category/	Transaction ID: 18091255 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

В.

C.

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PA	AGE 49	9 / 77	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)				
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25		26 30b
Any Information copied from such Reports and Stater	nents may not be sold or used b						<u> </u>
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress			Transaction I		258		
Mailing Address Post Office Box 9336			03 /	02 /	ž0	1 0 °	
City	State Zip Code		Amount of Eac	ah Diahuras	mont th	io Por	iod
Fargo	ND 58106		Amount of Eac	JII DISDUISE			iou
Purpose of Disbursement Contribution		011			2000.	.00	
Candidate Name		Category/					
Rep. Earl Pomeroy		Type					
Senate President	ement For: 2010 Primary X General Other (specify)		Contribution				
State: ND District: 01  Full Name (Last, First, Middle Initial)							
Becerra For Congress			Transaction I Date of Disbu	rsement	261		
Mailing Address P.O. Box 261060			03	02 /	ž0	10	
City Los Angeles	State Zip Code CA 90026		Amount of Eac	ch Disburse		-	iod
Purpose of Disbursement Contribution		011			2000.	.00	
Candidate Name Rep. Xavier Becerra	'	Category/ Type					
Senate President	ement For: 2010 Primary X General Other (specify)		Contribution				
State: CA District: 31							
Full Name (Last, First, Middle Initial) Spratt For Congress Committee			Transaction I Date of Disbu	rsement	264		
Mailing Address PO Box 830			03 /	02 /	ž0	10	
City York	State Zip Code SC 29745		Amount of Eac	ch Disburse	ment th	is Per	iod
Purpose of Disbursement Contribution		011			1000.	.00	
Candidate Name Rep. John McKee Spratt, Jr.	'	Category/ Type					
Senate X President	ement For: 2010 Primary General Other (specify)		Contribution				
State: SC District: 05							
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>			5000.	00	

TOTAL This Period (last page this line number only) .....

	CHEDOLE B (FEC	-	Use sepa	arate schedule(s)	_		50 / 77
IT	EMIZED DISBURS	EMENTS	for each	category of the Summary Page	(check o	only one)  22	25 29
					d by any perso	n for the purpose of soliciting contrib	outions
or			me and addre	ss of any political	committee to	solicit contributions from such comn	nittee
$\rangle$	NAME OF COMMITTEE (In American Hospital Asso	•					
	Full Name (Last, First, Middle Joe Donnelly For Congre					Transaction ID: 18091267 Date of Disbursement	
	Mailing Address PO Bo	x 1961				03	010
	City South Bend		State IN	Zip Code 46634		Amount of Each Disbursement	
	Purpose of Disbursement Contribution				011	100	00.00
	Candidate Name Rep. Joseph Donnelly	l pour			Category/ Type		
	Office Sought: X Hous Senat President	e dent	rsement For: X Primary Other (spe	2010 General ecify) ▼		Contribution	
	State: IN District: Full Name (Last, First, Middle						
	Pascrell For Congress	e miliai)				Transaction ID: 18091270 Date of Disbursement	V V V
	Mailing Address P.O. B	ox 640				03 0 2 7 2	010
	City Totowa		State NJ	Zip Code 07511		Amount of Each Disbursement	
	Purpose of Disbursement Contribution				011	100	00.00
	Candidate Name Rep. William J. Pascrell				Category/ Type		
	Office Sought: X Hous Senat	e	rsement For: X Primary Other (spe	2010 General		Contribution	
	State: NJ District:						
	Full Name (Last, First, Middle Garamendi For Congres	,				Transaction ID: 18091271 Date of Disbursement	
		alifornia Political ong Beach Blvd				03 0 2 7 2	010
	City Long Beach		State CA	Zip Code 90807		Amount of Each Disbursement	
	Purpose of Disbursement Contribution				011	100	00.00
	Candidate Name Rep. John Garamendi				Category/ Type		
	Office Sought:  X Hous Senat Presid State: CA District:	e dent	rsement For: X Primary Other (spe	2010 General		Contribution	
	State. On District.						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 51 / 77
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl)	22 X 23 28a 28b	24 25 26 28c 29 30
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) American Hospital Association PAC	and address of any pointed			1 Such Committee
Full Name (Last, First, Middle Initial)  Karen Bass For Congress			Transaction ID: Date of Disbursen	
Mailing Address 777 S. Figueroa Street Suite 4050			03 / 02	2 0 1 0
Los Angeles (	State Zip Code CA 90017		Amount of Each D	isbursement this Period 5000.00
Purpose of Disbursement Contribution Candidate Name		011 Category/		3000.00
	nent For: 2010 Primary General Other (specify)	Туре	Contribution	
Full Name (Last, First, Middle Initial)  Mike McIntyre For Congress			Transaction ID: Date of Disbursen	nent
Mailing Address P.O. Box 1			0 3 0 2	2 2010
•	State Zip Code NC 28359		Amount of Each D	isbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre		011 Category/ Type	<u> </u>	1000.00
Office Sought: X House Disburser Senate	nent For: 2010 Primary X General Other (specify)	.,,,,,	Contribution	
Full Name (Last, First, Middle Initial) Heartland Values PAC			Transaction ID: Date of Disbursen	nent
Mailing Address P.O. Box 505			03 08	2010
	State Zip Code SD 57101		Amount of Each D	isbursement this Period
Purpose of Disbursement 2010 Contribution		011		1000.00
Candidate Name Heartland Values PAC		Category/ Type		
	nent For: Primary General Other (specify)		2010 Contribution	on
SUBTOTAL of Disbursements This Page (optional)				7000.00
TOTAL This Period (last page this line number only) .				

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Hannan	arate schedule(s)		ı	OR LIN	NE N	UMBE	R:				PAG	iΕ	52 / 7	77
ITEMIZED DISBURSEMENTS	for each	category of the (		_	check o	nly o	. ′		00	Г	¬ ~	Г	_	05	
	Detailed :	Summary Page		F	21b 27	$\vdash$	22 28a	X	23 28		24 28	,	_	25 29	26 30b
Any Information copied from such Reports and State															;
or for commercial purposes, other than using the nar	me and addres	ss of any political	com	nn	ittee to	solic	it conti	ribut	ions	fro	m sucl	COI	mmi	ittee	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC															
American Hospital Association FAC															
Full Name (Last, First, Middle Initial)									-		1810	)49:	38		
Friends Of Erik Paulsen							Date	of D м	isbu		ment	V	V		V
Mailing Address P.O. Box 44369							0 <sup>M</sup> 3	M	Ĺ	٥,	8 /	Y	Ž (	οťο	)
City Eden Prairie	State MN	Zip Code 55344					Amou	ınt o	f Ea	ach I	Disbur	sem	ent	this F	Period
Purpose of Disbursement							L.					_	100	0.00	
Contribution			L		11										
Candidate Name Rep. Erik P. Paulsen					egory/ ype										
	sement For:	2010			7,60		Caratio	ن ما:	.:						
	X Primary	General					Contr	ibui	liOi	l					
State: MN District: 03	Other (spe	ecify)													
Full Name (Last, First, Middle Initial)							Trans	a o ti	ion	ın.	1810	140	<u> </u>		
Coffman For Congress							Date				_	, <del>4</del> 3.	+0		
Mailing Address 9249 South Broadway							0 <sup>M</sup> 3	М	′ [	0	8 /	Υ	ž (	0 1 C	) Y
#200-501															
City Highlands Ranch	State CO	Zip Code 80129					Amou	ınt o	f Ea	ach I	Disbur	sem	ent	this F	Period
Purpose of Disbursement		00123											100	0.00	
Contribution			L		11										
Candidate Name Rep. Mike Coffman					egory/ ype										
	sement For:	2010		•	,,,,		0								
Senate	X Primary	General					Contr	ibui	llor	1					
State: CO District: 06	Other (spe	ecify)													
Full Name (Last, First, Middle Initial)							Trans	a o ti	ion	ın.	1810	140	12		
Adler For Congress							Date					, <del>4</del> 3.	+∠		
Mailing Address 14 Knightswood Drive						-	0 <sup>M</sup> 3	М	′ [	0	<sup>D</sup> /	Υ	ž (	0 ť c	) Y
City Marlton	State NJ	Zip Code 08053					Amou	ınt o	f Ea	ach I	Disbur				
Purpose of Disbursement Contribution			Г	•	44				_		_	_	100	0.00	
Candidate Name			C	_	11 egory/										
Rep. John Herbert Adler					ype										
	sement For:	2010					Contr	ibut	tior	1					
Senate President	X Primary Other (spe	General													
State: NJ District: 03															
SUBTOTAL of Disbursements This Page (optional	)				. •							3	00	0.00	
TOTAL This Period (last page this line number only	v)								-						
	,,			••••	_			-	_	_					

		(FEC FOIII)	•		rate schedule(s)			eck only	NUMBE	H:			PAGE	53 / 7	′ /
		SBURSEMEN		Detailed S	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28	С	25 29	
		ed from such Reports poses, other than using													;
1	NAME OF COMM														
	Full Name (Last, Friends Of Gle	First, Middle Initial)							Trans			1810	)4943	3	
_	Mailing Address	PO Box 68444								M /		8	Y 2	0 1 0	Y
	City Virginia Beach			State VA	Zip Code 23471				Amou	nt of	Each	Disbur	semer	t this F	Period
F	Purpose of Disbu	rsement				Г	01	1					10	00.00	1
	Candidate Name Rep. Glenn C.	Nye, III				Ca	ateg Typ	ory/							
	Office Sought:	X House Senate President District: 02	Disburser	ment For: Primary Other (spe	2010 X General cify) ▼				Contr	ibuti	on				
F		First, Middle Initial)							Trans			1810 ement	)4944	ļ.	
_	Mailing Address	PO Box 3016								M /		8 /	Y 2	010	Y
	City Alliance			State OH	Zip Code 44601				Amou	nt of	Each	Disbur	semer	nt this F	Perio
F	Purpose of Disbu	rsement					01						10	00.00	
	Candidate Name Rep. John Boc	cieri					ateg Typ	-							
	Office Sought:	X House Senate President District: 16	Disburser X	ment For: Primary Other (spe	2010 General cify)				Contr	ibuti	on				
F		First, Middle Initial)							Trans			1810 ement	)4945	5	
N	Mailing Address	PO Box 15100							0 3	M /	<sup>D</sup> 0	8 /	ÝŽ	010	Y
	City Chesapeake			State VA	Zip Code 23328				Amou	nt of	Each	Disbur	semer	t this F	Perio
(	Purpose of Disbu Contribution	rsement					Q1 <sup>-</sup>		L.				10	00.00	
	Candidate Name Rep. J. Randy	Forbes					ateg Typ								
	Office Sought:	X House Senate President District: 04	Disburser X	ment For: Primary Other (spe	2010 General cify)				Contr	ibuti	on				
		oursements This Page	(antinual)										20	00.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	)		check on	E NUMBER: PAGE 54 / 77
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,				
<u>/</u>	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	ı				Transaction ID: 18104946 Date of Disbursement
	Mailing Address 76 Magnolia Terrace					$\begin{bmatrix} M & M & / & D & B & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City Springfield	State Zip Code MA 01108				Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		_	0		1000.00
	Candidate Name Rep. Richard E. Neal  Office Sought: X House Disbur	sement For: 2010			egory/ pe	-
	State: MA District: 02	Primary X General  Other (specify) ▼				Contribution
	Full Name (Last, First, Middle Initial) Born Fighting PAC					Transaction ID: 18104947 Date of Disbursement
	Mailing Address 607 - 14th Street, NW Suite 800					03 M / D B / Y 2 0 1 0 Y
	City Washington	State Zip Code DC 20005				Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Contribution		-	0		2000.00
	Candidate Name Born Fighting PAC				egory/ rpe	
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)				2010 Contribution
	Full Name (Last, First, Middle Initial) Inslee For Congress					Transaction ID: 18104948 Date of Disbursement
	Mailing Address PO Box 33027					03 7 08 7 2010
	City Seattle	State Zip Code WA 98133				Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		_	0		1000.00
	Rep. Jay Inslee				gory/ pe	
		sement For: 2010  X Primary General  Other (specify)				Contribution
_	Sides. 1171 District. 01					4000.00

SCHEDOLE B (I LC I OHII 3X)	Use separate schedule(s	3)		neck onl	: NUMBE v one)			L		E 55 /	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	—	4 8c	25 29	П
Any Information copied from such Reports and State or for commercial purposes, other than using the na				person	for the pu		se of s	olicitin	g cont	ributions	$\bot$
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)							on ID:	_	0494	19	
Kathy Dahlkemper For Congress						of D	isburs		Υ	Y Y	Υ
Mailing Address PO Box 1045					0 <sup>M</sup> 3		C	8	L.	ž 0 i (	)
City Erie	State Zip Code PA 16512				Amou	int o	f Each	Disbu	irseme	ent this I	Perio
Purpose of Disbursement Contribution					L.				. 1	000.00	)
Candidate Name Rep. Kathleen A. Dahlkemper		Ca		ory/							
	sement For: 2010 Primary X General Other (specify) ▼		Тур	e	Contr	ibut	ion				
Full Name (Last, First, Middle Initial) Charlie Dent For Congress							on ID:	_	10495	50	
Mailing Address PO Box 442					0 <sup>M</sup> 3	М	<sup>′</sup> □ C	8	Υ	ž 0 1 (	) <sup>Y</sup>
City Allentown	State Zip Code PA 18105				Amou	int o	f Each	Disbu	ırseme	ent this I	Perio
Purpose of Disbursement Contribution			01	1	L.				1	000.00	)
Candidate Name Rep. Charles W. Dent		Ca	_	ory/							
	sement For: 2010  X Primary General  Other (specify)	-	71-		Contr	ibut	ion				
Full Name (Last, First, Middle Initial) Charlie Dent For Congress							on ID:		10495	51	
Mailing Address PO Box 442					0 <sup>M</sup> 3	М	<sup>′</sup> □ C	8	Υ	ž 0 1 (	) <sup>Y</sup>
City Allentown	State Zip Code PA 18105				Amou	int o	f Each	Disbu	ırseme	ent this I	Perio
Purpose of Disbursement Contribution			01	1	L.				1	000.00	)
Candidate Name Rep. Charles W. Dent		Ca	_	ory/							
Office Sought: X House Disbur Senate President	sement For: 2010 Primary X General Other (specify) ▼	-			Contr	ibut	ion				
State: PA District: 15											
SUBTOTAL of Disbursements This Page (optional	١			•		-	-	-	3	00.00	)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(	s)		check on	E NUMBER:		LP	AGE	56 / 7	7
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 ) 28a	28b	24 280		25 29	
	y Information copied from such Reports and Stator commercial purposes, other than using the n										
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC										
<u>/</u>	Full Name (Last, First, Middle Initial) Gillibrand For Senate					Transac Date of I			4952		
	Mailing Address 313 C Street NE					0 3	<sup>′</sup> 0	8 /	Ý Ž	0 1 0	Y
	City Washington	State Zip Code DC 20002				Amount	of Each	Disburs			-
	Purpose of Disbursement Contribution			0	11				100	00.00	
	Candidate Name Sen. Kirsten Gillibrand				egory/ /pe						
	X Senate President	rsement For: 2010 Primary X General Other (specify) ▼				Contribu	ition				
	State: NY District: Full Name (Last, First, Middle Initial) Crowley For Congress					Transac Date of I			4953		
	Mailing Address 84-56 Grand Avenue					03 M		8 /	Y Ž	0 1 0	Y
	City Elmhurst	State Zip Code NY 11373				Amount	of Each	Disburs	ement	this P	eric
	Purpose of Disbursement Contribution		Г	0	11				100	00.00	_
	Candidate Name Rep. Joseph Crowley				egory/ rpe						
	Office Sought:  X House Senate President State: NY District: 07	orsement For: 2010 Primary X General Other (specify) ▼				Contribu	ition				
	Full Name (Last, First, Middle Initial) Melissa Bean For Congress					Transac Date of [	Disburse	ment			
	Mailing Address PO Box 3068					03 M	<sup>′</sup> 0	9 /	y y	0 1 0	Y
	City Barrington	State Zip Code IL 60010				Amount	of Each	Disburs	-		-
	Purpose of Disbursement Contribution			_	11				100	00.00	_
	Candidate Name Rep. Melissa L. Bean				egory/ vpe						
	Office Sought:  X House Senate President State: IL District: 08	orsement For: 2010 Primary X General Other (specify) ▼				Contribu	ition				
	otato. IL Distilot. 00										_

Any Information copied or for commercial purp NAME OF COMM American Hospital Pull Name (Last, FDAKPAC Mailing Address  City Washington Purpose of Disburs 2010 Contribution Candidate Name DAKPAC Office Sought:	oses, other than using the ITTEE (In Full) tal Association PAC first, Middle Initial)  607 14th St., NW Suite 800  Sement  House Senate President District:  irst, Middle Initial) k Committee  PO Box 3370	for each Detailed	Zip Code 20005	21b 27 d by any person	Transaction ID: 18107818  Date of Disbursement  Amount of Each Disbursement this Period  2010 Contribution  Transaction ID: 18107820  Date of Disbursement  May May Amount of Disbursement  Transaction ID: 18107820  Date of Disbursement  May May Amount of Disbursement  Transaction ID: 18107820  Date of Disbursement  May May Amount of Disbursement  Transaction ID: 18107820  Date of Disbursement
or for commercial purp  NAME OF COMM American Hospi  Full Name (Last, F DAKPAC  Mailing Address  City Washington Purpose of Disburs 2010 Contribution Candidate Name DAKPAC  Office Sought:  State:  Full Name (Last, F Mary Bono Mac  Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono Candidate Name	oses, other than using the ITTEE (In Full) tal Association PAC first, Middle Initial)  607 14th St., NW Suite 800  Sement  House Senate President District:  irst, Middle Initial) k Committee  PO Box 3370	State DC  isbursement For: Primary Other (sp	Zip Code 20005	O11 Category/	Transaction ID: 18107818 Date of Disbursement  May M / D D D / Y Y Y O Y O Y  Amount of Each Disbursement this Period  1000.00  Transaction ID: 18107820 Date of Disbursement  May M / D D D / Y Y Y O Y O Y  2010 Contribution
NAME OF COMM American Hospi  Full Name (Last, F DAKPAC  Mailing Address  City Washington Purpose of Disburs 2010 Contribution Candidate Name DAKPAC  Office Sought:  State: Full Name (Last, F Mary Bono Mac  Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono Candidate Name Rep. Mary Bono	TTEE (In Full) tal Association PAC irst, Middle Initial)  607 14th St., NW Suite 800  sement  House Senate President District: irst, Middle Initial) k Committee  PO Box 3370	State DC  isbursement For: Primary Other (sp	Zip Code 20005	011 Category/	Transaction ID: 18107818  Date of Disbursement  M M M / D D D / Y Y Y O Y O Y  Amount of Each Disbursement this Period  1000.00  Transaction ID: 18107820  Date of Disbursement  M M M / D D D / Y Y Y O Y O Y  2010 Contribution
DAKPAC  Mailing Address  City Washington Purpose of Disburs 2010 Contribution Candidate Name DAKPAC  Office Sought:  State:  Full Name (Last, F Mary Bono Mac  Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	607 14th St., NW Suite 800  Sement  House Senate President District: irst, Middle Initial) k Committee  PO Box 3370	isbursement For: Primary Other (sp	20005  General pecify) ▼	Category/	Date of Disbursement    Mag M
City Washington Purpose of Disburs 2010 Contribution Candidate Name DAKPAC Office Sought:  State: Full Name (Last, F Mary Bono Mac Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	Suite 800  Sement  House Senate President District: irst, Middle Initial) k Committee  PO Box 3370	isbursement For: Primary Other (sp	20005  General pecify) ▼	Category/	Amount of Each Disbursement this Period 1000.00  2010 Contribution  Transaction ID: 18107820 Date of Disbursement  M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington Purpose of Disburs 2010 Contribution Candidate Name DAKPAC Office Sought:  State: Full Name (Last, F Mary Bono Mac Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	House Di Senate President District: irst, Middle Initial) k Committee PO Box 3370	isbursement For: Primary Other (sp	20005  General pecify) ▼	Category/	2010 Contribution  Transaction ID: 18107820 Date of Disbursement  O 3 M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2010 Contribution Candidate Name DAKPAC Office Sought:  State: Full Name (Last, F Mary Bono Mac Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	House Senate President District: irst, Middle Initial) k Committee  PO Box 3370	Other (sp	ecify) ▼	Category/	2010 Contribution  Transaction ID: 18107820 Date of Disbursement  O 3 M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DAKPAC Office Sought:  State: Full Name (Last, F Mary Bono Mac Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	Senate President District: irst, Middle Initial) k Committee PO Box 3370	Other (sp	ecify) ▼		Transaction ID: 18107820 Date of Disbursement  O 3
State: Full Name (Last, F Mary Bono Mac Mailing Address  City Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	Senate President District: irst, Middle Initial) k Committee PO Box 3370	Other (sp	ecify) ▼		Transaction ID: 18107820 Date of Disbursement  0 3
Full Name (Last, F Mary Bono Mac Mailing Address  City Palm Springs  Purpose of Disburs Contribution Candidate Name Rep. Mary Bono	irst, Middle Initial) k Committee PO Box 3370		7in Codo		Date of Disbursement  O 3
Mailing Address  City Palm Springs  Purpose of Disburs Contribution  Candidate Name Rep. Mary Bond	PO Box 3370		Zin Codo		
Palm Springs Purpose of Disburs Contribution Candidate Name Rep. Mary Bond	sement		Zin Codo		
Purpose of Disburs Contribution Candidate Name Rep. Mary Bond	sement	CA	92263		Amount of Each Disbursement this Perio
Rep. Mary Bond				011	500.00
Office Sought:	Mack			Category/ Type	
-	X House Di Senate President District: 45	isbursement For: Primary Other (sp	2010 X General pecify) ▼		Contribution
Full Name (Last, F Mary Bono Mac	irst, Middle Initial)				Transaction ID: 18107822 Date of Disbursement
Mailing Address	PO Box 3370				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Palm Springs		State CA	Zip Code 92263		Amount of Each Disbursement this Perio
Purpose of Disburs Contribution	sement			011	1500.00
Candidate Name Rep. Mary Bond				Category/ Type	
Office Sought:	X House Di Senate President	isbursement For:  X Primary  Other (sp	2010 General		Contribution
State: CA	District: 45	Other (sp	<b>∀</b>		

	CHEDULE B (FEC FOIIII S	'   Use	e separate schedule(	s)		heck on	E NUMBE	n.	L	PAGE	58 / 7	
	EMIZED DISBURSEMEN	Deta	each category of the ailed Summary Page		Ė	21b 27	22 28a	X 23 28b		3c	25 29	
	Information copied from such Reports a or commercial purposes, other than usin											
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PA	AC										
<u>/</u>	Full Name (Last, First, Middle Initial) Volunteers For Shimkus							action I	D: 181 rsement	07823	3	
	Mailing Address PO Box 661						0 <sup>M</sup> 3	M / [	0 9 /	Y 2	0 1 0	Y
	City Collinsville	State IL	Zip Code 62234				Amou	nt of Ea	ch Disbu			
	Purpose of Disbursement Contribution				01		L.			10	00.00	_
	Candidate Name Rep. John M. Shimkus			С	Cateo Typ	gory/ oe	-					
	Office Sought:  X House Senate President	Disbursement F Prima Other		l			Contr	ibution				
	State: IL District: 19 Full Name (Last, First, Middle Initial)								<b>D</b> : 181	07824	ļ	
	Quigley For Congress  Mailing Address PO Box 13040							of Disbu		YZ	0 1 0	Y
	City	State	Zip Code				Amou	nt of Ead	ch Disbu	rsemer	t this P	eric
	Chicago Purpose of Disbursement	IL	60613	Tr						10	00.00	
	Contribution Candidate Name Rep. Michael Quigley			- C	01 Cateo Typ	gory/						
	Office Sought:  X House Senate President State: IL District: 05	Disbursement F Prima Other		l	. 71		Contr	ibution				
	Full Name (Last, First, Middle Initial) Schakowsky For Congress						Date	of Disbu				
	Mailing Address P.O. Box 5130						0 3	M / [	0 9 /	Y 2	010	Y
	City Evanston	State IL	Zip Code 60204				Amou	nt of Ead	ch Disbu			-
	Purpose of Disbursement Contribution				01		<u> </u>			10	00.00	
	Candidate Name Rep. Janice D. Schakowsky				Cateo Typ	gory/ oe						
	Office Sought:  X House Senate President State: IL District: 09	Disbursement F Prima Other		l			Contr	ibution				
_	State: IL District: 09									30		_

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		NE NUMBER: PAGE 59 / 77 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and St for commercial purposes, other than using the				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	iano ana address of any points	-		
	Full Name (Last, First, Middle Initial) Bilirakis For Congress				Transaction ID: 18115140 Date of Disbursement
	Mailing Address PO Box 606				03 7 15 7 2010
	City Tarpon Springs	State Zip Code FL 34688			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Gus M. Bilirakis		С	ategory/ Type	
	Office Sought:  X House Senate President  State: FL District: 09	ursement For: 2010  X Primary General  Other (specify) ▼			Contribution
	Full Name (Last, First, Middle Initial)  Ted Deutch For Congress Committee				Transaction ID: 18115142 Date of Disbursement
	Mailing Address 20423 Sr 7 Suite F6-	383			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Boca Raton	State Zip Code FL 33498			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	5000.00
	Candidate Name Rep. Theodore Deutch			ategory/ Type	1
	Senate President	ursement For: 2010 Primary General X Other (specify) ▼ cial-General2010			Contribution
	Full Name (Last, First, Middle Initial) Victory Now!	our donoral2010			Transaction ID: 18115688 Date of Disbursement
	Mailing Address 10605 Concord Stree Suite 202	t			03 7 15 7 2010
	City Kensington	State Zip Code MD 20895			Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution			011	5000.00
	Candidate Name Victory Now!		C	ategory/ Type	
	Office Sought: House Disk	ursement For: Primary General	•		2010 Contribution
	State: President  District:	Other (specify)			

		-		rate schedule(s)			CR LINE	NUMBE v one)	:K:			PAC	iE 60	/ //	
<u> </u>	EMIZED DISBURSEMENT	Γ <b>S</b>		category of the Summary Page			21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c	25 29		26
	y Information copied from such Reports a for commercial purposes, other than usin														
	NAME OF COMMITTEE (In Full) American Hospital Association PA	AC													
	Full Name (Last, First, Middle Initial) Connolly For Congress  Mailing Address PO Box 563									sburs	_		90 Ž 0 1	Í O Y	
	City Merrifield		State VA	Zip Code 22116				Amou	int of	Each	Disb	-	ent thi	-	iod
	Purpose of Disbursement Contribution Candidate Name Rep. Gerald E. Connolly				C		gory/	L.		•			1000.	00	
	Office Sought:  X House Senate President State: VA District: 11	Disburser X	ment For: Primary Other (spe	2010 General cify)		Ту	pe	Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey							М		sburs	_		92 Ž 0 1	( o Y	1
	Mailing Address P O Box 1322 PO Box 1322							0 3	_						
	City Wausau		State WI	Zip Code 54402				Amou	int of	Each	Disb		ent thi		iod
	Purpose of Disbursement Contribution Candidate Name Rep. David R. Obey					01 ate	gory/	L.	•	•			3000.	υů	
	Office Sought:  X House Senate President State: WI District: 07	Disburser	ment For: Primary Other (spe	2010  X General cify)				Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Kline For Congress							Trans Date	of Di	sburs	ement			, ° V	
	Mailing Address 101 W Burnsvill Suite 104	e Pkwy S	uite 104					0 3	М	1	5	Ľ	ž 0 i	0 '	
	City Burnsville		State MN	Zip Code 55337				Amou	int of	Each	Disb	-	ent thi		iod
	Purpose of Disbursement Contribution					01	1	L.	_				1000.	00	
	Candidate Name Rep. John P. Kline					ate Ty	gory/ pe								
	Office Sought:  X House Senate President State: MN District: 02	Disburser X	ment For: Primary Other (spe	2010 General cify)				Contr	ibut	ion					
	<b>_</b>								_						_

	B (FEC Form : ISBURSEMEN	Y USE	e separate sc each categor		FOR LIN	NE NUMBER	₹:	F	PAGE 61/	77
		Det	ailed Summa	ry Page	21b 27	22 28a	X 23 28b	24 280		2 3
	pied from such Reports ourposes, other than usin									
1	MMITTEE (In Full) espital Association P.	AC								
	st, First, Middle Initial) For Congress					Date o	action ID f Disburs	ement		
Mailing Addres	s 991c Lomas Sa # 192	anta Fe Drive				0 3	/ D	15	<sup>Y</sup> 201	0 1
City Solana Beac	h	State CA	Zip C 9207			Amour	nt of Each	Disburs	sement this	Period
Purpose of Dis Contribution					011	T L.			1000.0	0
Candidate Nan Rep. Brian P					Category/ Type					
Office Sought: State: CA	X House Senate President District: 50	Disbursement I  X Prima Othe		2010 General		Contri	bution			
,	rt, First, Middle Initial) r U. S. Congress						action ID f Disburs	_	5766	
Mailing Addres	s PO Box 938					0 3	/ D	1 <b>5</b> /	<sup>Y</sup> <sup>Y</sup> 2 0 1	0 <sup>Y</sup>
City Mankato		State MN	Zip C 5600			Amour	nt of Each	Disburs	sement this	Period
Purpose of Dis Contribution	bursement				011	T L.			1000.0	0
Candidate Nan Rep. Timoth					Category/ Type					
Office Sought: State: MN	X House Senate President District: 01	Disbursement IX Prima Othe		2010 General		Contri	bution			
Full Name (Las LoBiondo Fo	t, First, Middle Initial) r Congress						action ID f Disburs		5767	
Mailing Addres	s P.O. Box 550					0 <sup>M</sup> 3 N	/ D	5 /	<sup>°</sup> 201	0
City Vineland		State NJ	Zip C 0836			Amour	nt of Each	Disburs	sement this	Period
Purpose of Dis Contribution	bursement				011	T L.			1000.0	0
Candidate Nan Rep. Frank A					Category/ Type					
Office Sought: State: NJ	X House Senate President District: 02	Disbursement I  X Prima Othe		2010 General		Contri	bution			
	isbursements This Page	e (optional)							3000.0	0
	9-	,			•		-			

IT	CHEDULE B (FEC Form 3	Use sepa	arate schedule(s)	-	E NUMBER: PAGE 62 / 77
	EMIZED DISBURSEMENT	for each	category of the Summary Page	(check or 21b 27	22   X 23   24   25   28a   28b   28c   29
	y Information copied from such Reports a for commercial purposes, other than usin				for the purpose of soliciting contributions olicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PA	<u> </u>	oo or any pomioa		SHORT CONTRIBUTION CONTRIBUTION
	Full Name (Last, First, Middle Initial) Berkley For Congress				Transaction ID: 18115769 Date of Disbursement
	Mailing Address 3069 Conquista	Court			$\begin{bmatrix} 0 & 3 & M & 1 & D & D & D & 1 & D $
	City Las Vegas	State NV	Zip Code 89121		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011	1500.00
	Rep. Shelley Berkley  Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President State: NV District: 01	X Primary Other (spe	General		Contribution
	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee				Transaction ID: 18115770 Date of Disbursement
	Mailing Address P.O. Box 13147				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Baltimore	State MD	Zip Code 21203		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	500.00
	Candidate Name Sen. Barbara A. Mikulski			Category/ Type	
	Sen. Barbara A. Mikulski  Office Sought:  House X Senate President	Disbursement For:  X Primary  Other (spe	2010 General ecify) <b>V</b>		Contribution
	Sen. Barbara A. Mikulski  Office Sought:  House  X Senate  President	X Primary	General		Transaction ID: 18115771 Date of Disbursement
	Sen. Barbara A. Mikulski  Office Sought: House  X Senate  President  State: MD District:  Full Name (Last, First, Middle Initial)	X Primary Other (spe	General		Transaction ID: 18115771
	Sen. Barbara A. Mikulski  Office Sought: House	X Primary Other (spe	General		Transaction ID: 18115771 Date of Disbursement  0 3
	Sen. Barbara A. Mikulski  Office Sought: House	X Primary Other (spe	General ecify) ▼  Zip Code	Type 011	Transaction ID: 18115771 Date of Disbursement  03
	Sen. Barbara A. Mikulski  Office Sought:  House X Senate President State: MD District:  Full Name (Last, First, Middle Initial) Mikulski For Senate Committee  Mailing Address P.O. Box 13147  City Baltimore  Purpose of Disbursement Contribution Candidate Name Sen. Barbara A. Mikulski	X Primary Other (spe	General ecify) ▼  Zip Code 21203	Туре	Transaction ID: 18115771 Date of Disbursement  O 3
	Sen. Barbara A. Mikulski  Office Sought: House	X Primary Other (spe	General ecify) ▼  Zip Code 21203  2010  X General	Type  011 Category/	Transaction ID: 18115771 Date of Disbursement  O 3

IT		3X) Use ser	parate schedule(s)	_	INE NUMBER	: PAGE 63/77
	EMIZED DISBURSEMEN	TS for each	category of the I Summary Page	218 27	only one) 22 28a	X 23
	r Information copied from such Reports or commercial purposes, other than usi					
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association P					
	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress					ction ID: 18115772 Disbursement
	Mailing Address P.O. Box 868				0,3 ,	/ D 7 7 Y Y Y O Y O Y
	City Levittown	State PA	Zip Code 19058		Amount	of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	]	1000.00
	Candidate Name Rep. Patrick J. Murphy Office Sought: X House	Disbursement For:	2010	Category/ Type		
	Senate President State: PA District: 08	Primary Other (sp	X General		Contrib	ution
	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey	Inc.				ction ID: 18115773 Disbursement
	Mailing Address P.O. Box 714				0 <sup>M</sup> 3 M	/ D T 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hackensack	State NJ	Zip Code 07602			of Each Disbursement this Perio
				011		of Each Disbursement this Perio
	Hackensack Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman	NJ		011 Category/ Type		
	Hackensack Purpose of Disbursement Contribution Candidate Name		2010 General	Category/		1000.00
	Hackensack Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman Office Sought:  X House Senate President	NJ  Disbursement For:  X Primary	2010 General	Category/	Amount  Contrib  Transa  Date of	ution  ction ID: 18115774 Disbursement
	Hackensack  Purpose of Disbursement Contribution  Candidate Name Rep. Steven R. Rothman  Office Sought:  X House Senate President  State: NJ District: 09  Full Name (Last, First, Middle Initial)	NJ  Disbursement For:  X Primary	2010 General	Category/	Amount	ution  ction ID: 18115774 Disbursement
	Hackensack  Purpose of Disbursement Contribution  Candidate Name Rep. Steven R. Rothman  Office Sought:  X House Senate President  State: NJ District: 09  Full Name (Last, First, Middle Initial)  Higgins For Congress	NJ  Disbursement For:  X Primary	2010 General	Category/	Contrib	ution  ction ID: 18115774  Disbursement  Dispursement  Dispursement  Of Each Disbursement this Period
	Hackensack Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman Office Sought:  X House Senate President State: NJ District: 09 Full Name (Last, First, Middle Initial) Higgins For Congress Mailing Address PO Box 28  City Buffalo Purpose of Disbursement Contribution	Disbursement For:  X Primary Other (sp	2010 General pecify) ▼	Category/ Type	Contrib	1000.00  ution  ction ID: 18115774  Disbursement  / Data Data Control of the cont
	Hackensack Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman Office Sought:  X House Senate President State: NJ District: 09 Full Name (Last, First, Middle Initial) Higgins For Congress Mailing Address PO Box 28  City Buffalo Purpose of Disbursement Contribution Candidate Name Rep. Brian M. Higgins	Disbursement For:  X Primary Other (sp	2010 General Decify) ▼	Category/ Type	Contrib	ution  ction ID: 18115774  Disbursement  Dispursement  Dispursement  Of Each Disbursement this Perior
	Hackensack Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman Office Sought:  X House Senate President State: NJ District: 09 Full Name (Last, First, Middle Initial) Higgins For Congress Mailing Address PO Box 28  City Buffalo Purpose of Disbursement Contribution Candidate Name	Disbursement For:  X Primary Other (sp	2010 General pecify) ▼  Zip Code 14220  2010 X General	Category/ Type  011 Category/	Contrib	ution  ction ID: 18115774  Disbursement    Description   D

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LINI		-	R:				PA	GE	64 /	77	
IT	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27		22 28a	X	23 28b	E	_	24 28c		25 29		3
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam															s	
\	NAME OF COMMITTEE (In Full)	ic and address	33 of arry political	COII		100 10 3	Onc	TI COITE	ibut	10113 1	101	11 30	1011 0	.011111	iiiicc		
$ \rangle$	American Hospital Association PAC																
	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress							Trans Date of				_	_	775			
	Mailing Address P.O. Box 490286							0 <sup>M</sup> 3	М	/ D	1	<b>7</b>	/ Y	ž	0 Ĭ (	O Y	
	City Chicago	State IL	Zip Code 60649					Amou	nt o	f Eac	h [	Disb	urse	ment	this	Peri	od
	Purpose of Disbursement Contribution				01	1		<u></u>						100	00.00	Ď	_
	Candidate Name Rep. Jesse L. Jackson, Jr.			С	ateg Typ	ory/ e											
	Office Sought: X House Disburs Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼					Contri	ibut	ion							
	State: IL District: 02		·														
	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress							Trans Date of		isbur	sei	men	_				
	Mailing Address P.O. Box 490286							0 <sup>M</sup> 3	М	/ D	1	7	/ Y	ž	0 Ĭ (	) Y	
	City Chicago	State IL	Zip Code 60649					Amou	nt o	f Eac	h [	Disb	urse	-			od
	Purpose of Disbursement Contribution				01			L.				-		100	00.00	)	_
	Candidate Name Rep. Jesse L. Jackson, Jr.			С	ateg Typ	ory/ e											
	Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼					Contri	ibut	ion							
	Full Name (Last, First, Middle Initial)							Trans		-				777			
	Costello For Congress Committee							Date of 0 3					t / Y	Y	_ Y	Υ	
	Mailing Address P. O. Box 8250							0.3		L	1	7	L	2	0 1 (	)	
	City Belleville	State IL	Zip Code 62222					Amou	nt o	f Eac	h [	Disb	urse				od
	Purpose of Disbursement Contribution				01			<u>L.</u>	-	•			•	100	00.00	<u>)</u>	-
	Candidate Name Rep. Jerry F. Costello			С	ateg Typ	ory/ e											
	Office Sought:  X House Senate President  Disburs	ement For: Primary Other (spe	2010  X General ecify)					Contri	ibut	ion							
_	State: IL District: 12																_
									-	-	-	-			-	)	_

ITEMIZED DICCUSCUSCUSCUSCUSCUSCUSCUSCUSCUSCUSCUSCUS	osi i	e separate schedul		(cl	neck onl							//
ITEMIZED DISBURSEMENT	S for Def	each category of th tailed Summary Pa			21b 27	22 28a	X	23 28b	24 28		25 29	
Any Information copied from such Reports at or for commercial purposes, other than using					person	for the pu		e of so	oliciting	contri	butions	$\perp$
NAME OF COMMITTEE (In Full)												
American Hospital Association PA	C											
Full Name (Last, First, Middle Initial) Latham For Congress								-	181	15778	3	
Mailing Address P.O. Box 71							M /	sburse	9 /	Y	2 0 1 0	Y
	0	7' 0 1										
City Clarion	State IA	Zip Code 50525				Amou	nt of	Each	Disbur		nt this F	-
Purpose of Disbursement Contribution				01	1	L.	_	_		10	00.00	
Candidate Name Rep. Tom Latham			C	atec Typ	jory/ e							
Office Sought:  X House Senate President State: IA District: 05	Disbursement  X Prim Other		ral			Contr	ibuti	ion				
Full Name (Last, First, Middle Initial)									181	15779	)	
Carney For Congress							of Di:	sburse	ement	Y	/ · Y	Υ
Mailing Address P.O. Box A						0 3		1	9	2	2 0 1 0	
City Clarks Summit	State PA	Zip Code 18411				Amou	nt of	Each	Disbur	semer	nt this F	Perio
Purpose of Disbursement Contribution				01	1	L.	_			10	00.00	
Candidate Name Rep. Christopher P. Carney			C	_	jory/							
Office Sought:  X House Senate President State: PA District: 10	Disbursement  X Prim Other		ral			Contr	ibuti	ion				
Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee						Trans		-	181	15780	)	
Mailing Address PO Box 60405						0,3	M /	<sup>D</sup> 1	9 /	Y	2 o 1 o	Y
City Worcester	State MA	Zip Code 01606				Amou	nt of	Each	Disbur	semer	nt this F	Perio
Purpose of Disbursement Contribution				01	1	L.				10	00.00	
Candidate Name Rep. James P. McGovern				_	jory/							
Office Sought: X House Senate President	Disbursement  X Prim Othe		ral	7.5		Contr	ibuti	ion				
State: MA District: 03												
SUBTOTAL of Disbursements This Page (	(ti1)									30	00.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	)		neck only	NUMBE	n.		L	AGE	66 / 7	7
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 280		25 29	
	y Information copied from such Reports and Stater or commercial purposes, other than using the nam											
$\sum_{i}$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	and addition of the politice	5511		.50 10 00				54011			
<u>′                                    </u>	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	1811	5781		
	Herron For Congress					Date	of Dis м /			Y Y	Y	Υ
	Mailing Address 142 West Main Street					0 3		1	9 /	2	0 1 0	
	City Dresden	State Zip Code TN 38225				Amou	int of I	Each	Disburs	emen	t this P	erio
	Purpose of Disbursement	TIN 38225			-					10	00.00	
	Contribution		١L	01								
	Candidate Name Mr. Roy Herron			ateg Typ	-							
	Senate President	ement For: 2010 Primary General Other (specify)				Contr	ibutio	n				
	State: TN District: 08  Full Name (Last, First, Middle Initial)											
	Stabenow For U. S. Senate					Trans Date			1811 ment	5/82		
	Mailing Address P.O. Box 4945					0 3	M /	<sup>D</sup> 1	9 /	Ý Ž	0 Ĭ 0	Υ
	City	State Zip Code				Amou	ınt of l	Each	Disburs	emen	t this P	erio
	East Lansing Purpose of Disbursement	MI 48826								2	50.00	
	2012 Contribution			01				•	-			
	Candidate Name Sen. Debbie Stabenow			ateg Typ	-							
	Office Sought:    House   Disburs	ement For: 2012 Primary X General Other (specify)				2012	Cont	ributi	on			
	Full Name (Last, First, Middle Initial)								1811	5783		
	Levin For Congress					Date of	of Dis м /			ΥΥΥ	Y	Υ
	Mailing Address PO Box 37					0,3		1	9 /	. 2	0 1 0	
	City Roseville	State Zip Code MI 48066				Amou	int of I	Each	Disburs	emen	t this P	erio
	Purpose of Disbursement									10	00.00	
	Contribution Candidate Name		ļ	01 ateg								
	Rep. Sander M. Levin			Тур								
	Office Sought:    X   House   Disburs     Senate   President     State: MI   District: 12	ement For: 2010 Primary X General Other (specify)				Contr	ibutio	n				
_	Since in Diotrot. 12										50.00	

ΙT		Use separate schedul			LINE NUMBER: PAGE 6//// k only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa	ge	21k	b 22 X 23 24 25 7 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Schauer For Congress				Transaction ID: 18115784 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 100				
	City Battle Creek	State Zip Code MI 49016			Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution Candidate Name			011	500.00
	Rep. Mark Hamilton Schauer			ategory/ Type	
	X	sement For: 2010  X Primary Gene  Other (specify)	ral		Contribution
	Full Name (Last, First, Middle Initial)				Transaction ID: 18115785
	Friends Of Mark Warner				Date of Disbursement
	Mailing Address 201 North Union Street	Suite 300			03 M / D 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria	State Zip Code VA 22314			Amount of Each Disbursement this Peri
	Purpose of Disbursement 2014 Contribution			011	1000.00
	Candidate Name Senator Mark Warner			ategory/ Type	
					2014 Contribution
	χ Senate President	sement For: 2014  X Primary Gene  Other (specify)	ral		
	X Senate	X Primary Gene	eral		Transaction ID: 18115786 Date of Disbursement
	State: VA District:  Full Name (Last, First, Middle Initial)	X Primary Gene	eral		
	State: VA District: Full Name (Last, First, Middle Initial) Friends Of Trey Grayson	X Primary Gene	eral		Date of Disbursement  M M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
	State: VA District:  Full Name (Last, First, Middle Initial) Friends Of Trey Grayson  Mailing Address PO Box 175726  City Ft Mitchell Purpose of Disbursement Contribution	X Primary Gene Other (specify) ▼  State Zip Code	eral	011	Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: VA District:  Full Name (Last, First, Middle Initial) Friends Of Trey Grayson  Mailing Address PO Box 175726  City Ft Mitchell  Purpose of Disbursement	X Primary Gene Other (specify) ▼  State Zip Code	C	011 ategory/ Type	Date of Disbursement  O 3 M / D 1 D / Y Y O Y O Y  Amount of Each Disbursement this Peri
	State: VA District:  Full Name (Last, First, Middle Initial) Friends Of Trey Grayson  Mailing Address PO Box 175726  City Ft Mitchell  Purpose of Disbursement Contribution  Candidate Name Mr. Trey Grayson  Office Sought: House Disbur	X Primary Gene Other (specify) ▼  State Zip Code	C	ategory/	Date of Disbursement  O 3 M / D 1 D / Y Y O Y O Y  Amount of Each Disbursement this Peri

		3 (FEC Form 3X SBURSEMENTS	-		arate schedule(s) category of the		_	R LINE eck on	NUMBE y one)	R:		L P	AGE	68 / 7	77
				Detailed :	Summary Page			21b 27	22 28a	2	3 8b	24 280		25 29	
		ed from such Reports and poses, other than using t													3
$\rangle$	NAME OF COM				7,000										
	•	First, Middle Initial) Ingressional Campaiç	gn Comn	nittee						saction of Dist		1811 nent	5788	}	
	Mailing Address	430 South Capitol	Street						0 <sup>M</sup> 3	M /	<sup>D</sup> 23	3 /	ž	0 i c	) <sup>Y</sup>
	City Washington			ate IC	Zip Code 20003				Amou	ınt of E	Each D	Disburs		-	_
	Purpose of Disbu 2010 Contribution						011		L.				150	00.00	)
	Candidate Name						atego Type	-							
	Office Sought:	Senate President		ent For: Primary Other (spe	General cify) ▼				2010	Cont	ributio	on			
	State: Full Name (Last,	District: First, Middle Initial)							Trans	actio	n ID:	1811	5789	<u> </u>	
	Committee To	Elect Chris Murphy							Date	of Dist	ourser	nent			V
	Mailing Address	P.O. Box 127							0 <sup>M</sup> 3	IVI /	<sup>D</sup> 23	3 /	Ż	0 i c	ַ (
	City Cheshire			ate T	Zip Code 06410				Amou	int of E	Each D	Disburs	emen	t this F	Perio
	Purpose of Disbu Contribution	rsement				Г	011		L.				10	00.00	)
	Candidate Name Rep. Christoph	er Scott Murphy				С	atego Type	•							
	Office Sought: State: CT	X House [ Senate President District: 05		ent For: Primary Other (spe	2010 General cify)				Contr	ibutic	on				
	Full Name (Last, Fleming For C	First, Middle Initial)								actio		1811 nent	5790		
	Mailing Address	P.O. Box 1236							0 <sup>M</sup> 3	M /	<sup>D</sup> 23	3 /	Ý Ž	0 i c	) \
	City Minden		St L	ate A	Zip Code 71058				Amou	int of E	Each D	Disburs	emen	t this F	Perio
	Purpose of Disbu Contribution	rsement				Г	011		L.				10	00.00	)
	Candidate Name Rep. John C. F	Fleming, MD					atego Type	ory/							
	Office Sought:	Senate President		ent For: Primary Other (spe	2010 General				Contr	ibutic	n				
	State: LA	District: 04													
		oursements This Page (o							'			, ,	1700	00.00	`

IT	CHEDULE B (FEC Form 3X	Use sepa	arate schedule(s)	-	NUMBER: PAGE 69 / 77
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22   X   23   24   25   28   28   28   29   3
	y Information copied from such Reports and for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial) Loebsack For Congress				Transaction ID: 18115791 Date of Disbursement
	Mailing Address PO Box 1457				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \end{bmatrix}$
	City Iowa City	State IA	Zip Code 52244		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1500.00
	Candidate Name Rep. David Wayne Loebsack	Disbursement For:	2010	Category/ Type	
	Office Sought:  X House Senate President State: IA District: 02	X Primary Other (spe	General		Contribution
	Full Name (Last, First, Middle Initial) Friends Of Schumer				Transaction ID: 18115792 Date of Disbursement
	Mailing Address 509 Madison Ave S	Suite 1902			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M  \begin{smallmatrix}D\\D23\end{smallmatrix}  \begin{smallmatrix}D\\D3\end{smallmatrix}  \begin{smallmatrix}Y\\D3\end{smallmatrix}  A\end{smallmatrix}  \begin{smallmatrix}Y\\DA\end{smallmatrix}  \begin{smallmatrix}Y\\DA\end{smallmatrix}  \begin{smallmatrix}Y\\DA\end{smallmatrix}  A\end{smallmatrix}  A\end{smallmatrix} \; $
	City New York	State NY	Zip Code 10022		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	2000.00
	Candidate Name Sen. Charles E. Schumer			Category/ Type	
	Office Sought:  House X Senate President  State: NY  District:	Disbursement For:  X Primary  Other (spe	2010 General ecify)		Contribution
	Full Name (Last, First, Middle Initial)				Transaction ID: 18115793
	Friends Of Dan Maffei				Date of Disbursement
	Friends Of Dan Maffei  Mailing Address PO Box 74				Date of Disbursement
		State NY	Zip Code 13214		Amount of Each Disbursement this Period
	Mailing Address PO Box 74  City Syracuse Purpose of Disbursement Contribution			011	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & Y \\ D & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & Y \\ D & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ D & Y \\ D & Y \\ D & Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y & Y \\ D \\ D & Y \\ D & Y \\ D \\ D & Y \\ D & Y \\ D & Y \\ D \\ D \\ D & Y \\ D & Y \\ D \\ D \\ D \\ D \\ D \\ D & Y \\ D \\ D$
	Mailing Address PO Box 74  City Syracuse Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei	NY	13214	011 Category/ Type	Amount of Each Disbursement this Period
	Mailing Address PO Box 74  City Syracuse Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei		2010 General	Category/	Amount of Each Disbursement this Period

		(FEC FOIIII 3	· 1		rate schedule(s)			eck only	NUMBE	n.		L	PAGE	70 / 7	/ /
		SBURSEMEN <sup>*</sup>		Detailed S	category of the Summary Page		À	21b 27	22 28a	団	23 28b	24 28	3c	25 29	
		d from such Reports a poses, other than usin													3
NAM	E OF COMM	MITTEE (In Full)  oital Association PA		and address	s or any pointour	0011			noit conti		) II O	JIII 340			
	•	First, Middle Initial) r Congress Comm	ittee						Trans			181 ement	15794	1	
Mailir	ng Address	PO Box 777							0,3	M /	<sup>D</sup> 2	2 <b>3</b> /	Y	2 0 1 C	) <sup>Y</sup>
City Deer	r Park			State VY	Zip Code 11729				Amou	int of	Each	Disbu		nt this F	
Contr	ose of Disbu	rsement				_	01		L.				20	00.00	
Rep.	lidate Name . Steve J. I e Sought:	srael X House	Disburser	ment For:	2010		ateg Typ	-							
State	-	Senate President District: 02		Primary Other (spe	X General				Contr	ibuti	on				
Full N		First, Middle Initial)										181	15796	6	
	ng Address	PO Box 1406								M /		ement	Y 2	žo ť o	) <sup>Y</sup>
City Hick	orv			State NC	Zip Code 28603				Amou	ınt of	Each	Disbu	rsemer	nt this F	Perio
Purpo	ose of Disbu	rsement	<u> </u>		20000	Г	01°	1	L.				10	00.00	)
	lidate Name . Patrick Ti	mothy McHenry					ateg Typ	-							
Office	e Sought:	X House Senate President District: 10		nent For: Primary Other (spe	2010 General cify)				Contr	ibuti	on				
Full N		First, Middle Initial)							Date	of Dis	sburse	181 ement	15797	7	
Mailir	ng Address	224 18th Street P.O. Box 4183							0 3	M /	<sup>D</sup> 2	2 <b>3</b> /	Y 2	2010	) \
	k Island			State L	Zip Code 61204				Amou	int of	Each	Disbu		nt this F	
Contr	ose of Disbu ribution lidate Name	rsement					01						1(	00.00	
	. Phil Hare						ateg Typ	-							
Office	e Sought:	X House Senate President District: 17		nent For: Primary Other (spe	2010 X General cify) ▼				Contr	ibuti	on				
		ursements This Page	(1'1)										40	00.00	

ITI	•	rm 3X)	Use sepa	rate schedule(s)	_		NUMBER: PAGE 71 / 77
	EMIZED DISBURSEN	IENTS		category of the Summary Page	(Chi	eck only 21b 27	22 X 23 24 25 28a 28b 28c 29
							or the purpose of soliciting contributions licit contributions from such committee
$\overline{}$	NAME OF COMMITTEE (In Full) American Hospital Associati	)	and address	ss of any political	COMMITTEE	0 301	ion contibutions from such committee
	Full Name (Last, First, Middle Init Driehaus For Congress	ial)					Transaction ID: 18115798 Date of Disbursement
	Mailing Address 650 Fox Ti	rails Way					$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}$
	City Cincinnati		State OH	Zip Code 45233			Amount of Each Disbursement this Per
	Purpose of Disbursement Contribution Candidate Name				011		1000.00
	Rep. Steve Driehaus  Office Sought: X House	Disburser		2010	Catego Type	-	
	Senate President		Primary Other (spe	General			Contribution
	State: OH District: 01 Full Name (Last, First, Middle Init Lee Terry For Congress	ial)					Transaction ID: 18115799 Date of Disbursement
	Mailing Address PO Box 54	10098					$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}^M&\begin{smallmatrix}\\\end{smallmatrix}&\begin{bmatrix}D\\24\end{smallmatrix}\end{bmatrix}&\begin{smallmatrix}D\\2010\end{smallmatrix}$
	City Omaha		State NE	Zip Code 68154			Amount of Each Disbursement this Per
	Purpose of Disbursement Contribution				011		1000.00
						rv/	
	Candidate Name Rep. Lee Terry				Catego Type		
	Candidate Name Rep. Lee Terry  Office Sought: X House Senate President	Disburser X	ment For: Primary Other (spe	2010 General			Contribution
	Candidate Name Rep. Lee Terry  Office Sought: X House Senate President	ial)	Primary	General			Transaction ID: 18115800 Date of Disbursement
	Candidate Name Rep. Lee Terry  Office Sought:  X House Senate President State: NE District: 02  Full Name (Last, First, Middle Init	ial)	Primary	General			Transaction ID: 18115800
	Candidate Name Rep. Lee Terry  Office Sought: X House Senate President State: NE District: 02  Full Name (Last, First, Middle Init Mary Bono Mack Committee	ial) e 870	Primary	General			Transaction ID: 18115800 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Rep. Lee Terry  Office Sought: X House Senate President State: NE District: 02  Full Name (Last, First, Middle Init Mary Bono Mack Committee  Mailing Address PO Box 33  City Palm Springs  Purpose of Disbursement Contribution	ial) e 870	Primary Other (spe	General cify) ▼  Zip Code	Туре		Transaction ID: 18115800 Date of Disbursement  O 3 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Rep. Lee Terry  Office Sought: X House Senate President State: NE District: 02  Full Name (Last, First, Middle Init Mary Bono Mack Committee  Mailing Address PO Box 33  City Palm Springs  Purpose of Disbursement Contribution  Candidate Name Rep. Mary Bono Mack	ial) e 370	Primary Other (spe	General cify) ▼  Zip Code 92263	Туре	pry/	Transaction ID: 18115800 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Rep. Lee Terry  Office Sought:  X House Senate President State: NE District: 02  Full Name (Last, First, Middle Init Mary Bono Mack Committee  Mailing Address PO Box 33  City Palm Springs  Purpose of Disbursement Contribution  Candidate Name	ial) e 870	Primary Other (spe	General cify) ▼  Zip Code 92263  2010  X General	Type  011  Catego	pry/	Transaction ID: 18115800 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE B (FEC FOIII 3	, I (		rate schedule(s)			OR LINE heck only		H:		Į	PAGI	72/	//
	EMIZED DISBURSEMENT	]	Detailed S	ategory of the Summary Page		È	21b 27	22 28a	X	23 28b	2	4 8c	25 29	
	y Information copied from such Reports a for commercial purposes, other than using													S
	NAME OF COMMITTEE (In Full)  American Hospital Association PA		id address	is of any pointear			100 10 30	iicit conti	- IDUIT	5113 11	0111 34			
<u> </u>	Full Name (Last, First, Middle Initial) GOAL PAC: Grassroots Organizin	g, Acting a	nd Lead	ling PAC				Date	of Di	sburs	ement	17202		
	Mailing Address PO Box 30344							0 3	M /	<sup>D</sup> 2	2 <b>9</b> /	¥ .	ž 0 1 (	0 1
	City Bethesda	Sta M[		Zip Code 20824				Amou	int of	Each	Disbu		nt this	
	Purpose of Disbursement 2010 Contribution					01		L.		•		5	00.00	)
	Candidate Name GOAL PAC: Grassroots Organizin PAC Office Sought: House	g, Acting a		ling		Typ	gory/ pe							
	State: District:	Pr	rimary ther (spe	General cify) ▼				2010	Con	tribu	tion			
	Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Commit	tee						Date	of Di	sburs	ement	17203		
	Mailing Address 215 Fourth Aven Suite 200	ue						0,3	M /	<sup>D</sup> 2	29	Y	ž 0 1 (	0 Y
	City Haddon Heights	Sta NJ		Zip Code 07076				Amou	int of	Each	Disbu		nt this	
	Purpose of Disbursement Contribution Candidate Name				C	01 ateg	1 gory/	L.				1	00.00	) )
	Rep. Robert E. Andrews  Office Sought:  X House Senate President  State: NJ District: 01		ent For: rimary ther (spec	2010 General		Тур	oe	Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Frelinghuysen For Congress							Date	of Di	sburs	ement			
	Mailing Address 19 Cattano Aven	ue						0 3	M /	2	29	Y .	ž 0 1 (	0 1
	City Morristown	Sta NJ		Zip Code 07960				Amou	int of	Each	Disbu		nt this	-
	Purpose of Disbursement Contribution Candidate Name				C	_	gory/					1	000.00	ָ <u></u>
	Rep. Rodney P. Frelinghuysen  Office Sought: X House Senate President  State: NJ District: 11		ent For: rimary ther (spec	2010 General		Тур	oe	Contr	ibuti	on				
	2.0								_				00.00	

	CHEDULE B (FEC Form 3X)	Use sepa				NE NUMBER: PAGE 73 / 77 only one)								77			
IT	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27	$\stackrel{'}{\Box}$ 2	2 2 8a	Х	23 28b	. [		24 28c	Н	25 29		] 26 30
	ny Information copied from such Reports and Statem for commercial purposes, other than using the nam															3	
\(\frac{1}{2}\)	NAME OF COMMITTEE (In Full)	c and addres	33 of arry political	COII		100 10 3	Olicit	) (i i i i	ibut	10113	110	111 30		OIIIII	iittee		
$ \rangle$	American Hospital Association PAC																
	Full Name (Last, First, Middle Initial) Friends Of Mark Warner									on II		_	172 t	130			
	Mailing Address 201 North Union Street S	Suite 300					[	0 <sup>M</sup> 3	М	/ [	2	9	/ Y	ž	0 Ĭ (	) <sup>Y</sup>	
	City Alexandria	State VA	Zip Code 22314				A	mou	int o	f Eac	ch I	Disb	urse	ment	this I	Perio	bd
	Purpose of Disbursement 2014 Contribution			Γ	01	1.								100	00.00	)	_
	Candidate Name Senator Mark Warner			С	atec Typ	jory/ e											
		ement For: Primary Other (spe	2014 General				20	)14	Cor	ntrib	uti	on					
_	State: VA District:																
	Full Name (Last, First, Middle Initial) James Webb For Senate							ate	of D	isbur	se	men	172 t	145			
	Mailing Address PO Box 17427							0 3	М	/ [	2	9	/ Y	ž	0 Ĭ (	) <sup>Y</sup>	
	City Arlington	State VA	Zip Code 22216				A	mou	int o	f Ead	ch I	Disb	ursei	ment	this I	Perio	bd
	Purpose of Disbursement 2012 Contribution				01									100	00.00	)	_
	Candidate Name Senator James Webb			С	atec Typ	jory/ e											
	9 🗎	ement For: Primary Other (spe	2012 General				20	)12	Cor	ntrib	uti	on					
	State: VA District:																_
	Full Name (Last, First, Middle Initial) Mike McMahon For Congress							ate	of D	i <b>on I</b> l isbur / 🔼	se	men	172 t / 🕎		· V	V	
	Mailing Address 66 Arnold Street							0 3			3	1	L	2	0 1 (	)	
	Staten Island	State NY	Zip Code 10301				A	mou	int o	f Ead	ch I	Disb	ursei	-	this I		bd
	Purpose of Disbursement Contribution			Г	01	1								400	00.00	J	_
	Candidate Name Rep. Michael E. McMahon			С	_	jory/											
	Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼		<u></u>		C	ontr	ibut	ion							
	State: NY District: 13						<u> </u>	_		_	_		_	_			_
۱,	SUBTOTAL of Disbursements This Page (optional)					•		-						600	0.00	)	

	CHEDOLE B (FEC FOIIII 3X	<ul> <li>Use separate so</li> </ul>			OR LINE check only		H.:	LF	AGE	/4 / / /	
	EMIZED DISBURSEMENTS	Detailed Summa	ary Page		21b 27	22 28a	X 23 28b	24 280	; 🗖	25 29	
	y Information copied from such Reports and for commercial purposes, other than using t										
$\sum_{i}$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	io nano ana address on a	ny ponitodi oc	<u></u>		lott donta	buttorio i	om ddon	0011111		
<u> </u>	Full Name (Last, First, Middle Initial) Mike McMahon For Congress					Date o	action ID	ement	2188		
	Mailing Address 66 Arnold Street					0 <sup>M</sup> 3	M / D	3 1	ž	οťο <sup>Υ</sup>	
	City Staten Island	State Zip C NY 103				Amou	nt of Eacl	n Disburs	ement	this Pe	rio
	Purpose of Disbursement Contribution			0	11				100	0.00	_
	Candidate Name Rep. Michael E. McMahon				egory/ /pe						
	Office Sought:    X   House   C     Senate   President     State: NY   District: 13		2010 General			Contri	bution				
	Full Name (Last, First, Middle Initial)					Trans	action ID	: 1817	2202		
	Brady For Congress  Mailing Address P.O. Box 8277						of Disburs	sement	Y Y Y	0 1 0 °	7
	P.O. Box 6277										_
	City The Woodlands	State Zip C TX 773				Amou	nt of Eac	n Disburs	ement	this Pe	rio
	Purpose of Disbursement Contribution		[		11				100	0.00	_
	Candidate Name Rep. Kevin Patrick Brady				egory/ /pe						
	Office Sought:  X House Senate President State: TX District: 08		2010 General			Contri	bution				
	Full Name (Last, First, Middle Initial) Castor For Congress					Date o	action IC	ement			
	Mailing Address 301 W. Platt Stree	t #385				0 <sup>M</sup> 3	M / D	3 1 /	ž	o i o i	
	City Tampa	State Zip C FL 336				Amou	nt of Eacl	n Disburs	ement	this Pe	rio
	Purpose of Disbursement Contribution			Q	11				250	0.00	_
	Candidate Name Rep. Katherine Castor				egory/ /pe						
		x Primary Other (specify)	2010 General			Contri	bution				
_	UBTOTAL of Disbursements This Page (or	stionel)			. <b>•</b>			•	450	0.00	_

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s		OR LINE heck only		٦.	_	PAGE	75 / 7	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28		25 29	
Any Information copied from such Reports and Stator for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)	and address of any political	a commi	100 10 30	non contin	Dution3 ii	OIII SUCI	COITIII	iittee	
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) McNerney For Congress					action ID		'5105		
				0 3	_	2 9 /	YYY	0 1 0	Υ
Mailing Address 6520 Village Parkway Second Floor				0.3		29	. 2	010	_
City Dublin	State Zip Code CA 94568			Amour	nt of Eacl	n Disburs	sement	this P	erioc
Purpose of Disbursement		-					487	75.00	
In-Kind Contribution: Polling Services		01							
Candidate Name Rep. Jerry McNerney		Cate Typ							
Office Sought: X House Disbu	rsement For: 2010  X Primary General	•		In-Kind ling Se	d Contri ervices	bution:	Pol-		
President State: CA District: 11	Other (specify)			J					
Full Name (Last, First, Middle Initial)				Transa	action ID	: 1818	80262		
Senate Victory Fund PAC				Date o	f Disburs	ement			
Mailing Address 507 Capitol Court NE #100				03		1 1 /	y y 2	0 Ĭ 0	Y
City Washington	State Zip Code DC 20002			Amour	nt of Eacl	n Disburs	sement	this P	erio
Purpose of Disbursement			-				500	00.00	
2010 Contribution  Candidate Name		01 Cate							
Senate Victory Fund PAC		Typ							
Senate President	rsement For: Primary General Other (specify)	•		2010 (	Contribu	ition			
State: District: Full Name (Last, First, Middle Initial)				Transa	action ID	: 1818	80267		
Earl Pomeroy For Congress				Date o	f Disburs	ement			
Mailing Address Post Office Box 9336				0 3	/ D	D 2 /	<sup>y</sup> <sup>y</sup> 2	0 Í 0	Y
City Fargo	State Zip Code ND 58106			Amour	nt of Eacl	Disbur	sement	this P	erio
Purpose of Disbursement	2,3100						50	00.00	
Contribution Candidate Name		01 Cate							
Rep. Earl Pomeroy		Typ							
Senate President	rsement For: 2010  X Primary General  Other (specify) ▼			Contri	bution				
State: ND District: 01									
					-	-	1037		_

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)				E NUMBER ly one)	:	LP	AGE	76 / 7	7
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		2 2	1b 7	22 28a	X 23 28b	24 280		25 29	
	y Information copied from such Reports and State or commercial purposes, other than using the na										
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC										
<u>/</u>	Full Name (Last, First, Middle Initial) Pete King For Congress Committee					Date of	ction ID: Disburs		0269		
	Mailing Address Post Office Box 1428					03	/ D3	0 /	y y	0 1 0	Y
	City Seaford	State Zip Code NY 11783				Amoun	t of Each	Disburs	ement	this P	erio
	Purpose of Disbursement Contribution		(	011		<u> </u>			100	00.00	_
	Candidate Name Rep. Peter T. King			tegory ype	//						
	Senate President	sement For: 2010 Primary X General Other (specify)				Contrib	oution				
	State: NY District: 03  Full Name (Last, First, Middle Initial)  Campaign for Change						ction ID:		2481		
	Mailing Address 202 Bonham Rd					Date of 0 3	Disburse 2	ement	Y Ž	0 Ĭ 0	Y
	City	State Zip Code				Amoun	t of Each	Disburs	ement	this P	'eric
	Dedham Purpose of Disbursement	MA 02026			_	-			-200	00.00	
	Void of 1/10 check Candidate Name Campaign for Change		Ca	011 tegory Type	ı/						
		sement For: Primary General Other (specify) ▼		) po		Void of	1/10 ch	neck			
	Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazqı	uez To Congre				Date of	ction ID: Disburs	ement	2483		
	Mailing Address 315 Inspiration Lane					0,3	/ DC	1 /	y y	0 Í 0	Y
	City Gaithersburg	State Zip Code MD 20878				Amoun	t of Each	Disburs	ement	this P	eric
	Purpose of Disbursement Void of 9/09 check			011		<u> </u>			-100	00.00	
	Candidate Name Rep. Nydia M. Velazquez			tegory ype	//						
	v A	sement For: 2010  ⟨ Primary General  Other (specify) ▼				Void of	9/09 cł	neck			
											_

### Image# 10990668963

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  (check o	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Brady For Congress  Mailing Address P.O. Box 8277		Transaction ID: 18182487 Date of Disbursement    O 3  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City The Woodlands Purpose of Disbursement Void of 2/10 check Candidate Name Rep. Kevin Patrick Brady	State Zip Code TX 77387  011 Category/ Type	Amount of Each Disbursement this Period -1000.00
Office Sought: X House Disburse	ment For: 2010 Primary General Other (specify)	Void of 2/10 check

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	-1000.00
TOTAL This Period (last page this line number only)	<u> </u>	138125.00